Lectures
ON
ORTHOPÆDIC SURGERY.

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LECTURE VI.

ON AFFECTIONS OF THE JOINTS.

THE affections of the joints of which I have specially to treat are those arising out of certain results of inflammation, rather than the condition of inflammation itself, and which terminate in anchylosis; congenital dislocations, and old unreduced dislocations.

Anchylosis is either true or false. True anchylosis, or synostosis, implies that the soft structures of the joint have been destroyed, and that bony union has taken place between the adjacent bony surfaces; and by false anchylosis is understood the formation of membranous or fibrous adhesions within or external to a joint, and which interfere with motion.

False, partial, or fibrous anchylosis is induced, then, by the deposition of lymph within or around a joint, through which adhesions are formed which interfere with motion. Motion may be only slightly impeded, or it may be, in fact, lost. If the muscles about a joint, or the tendons which pass over the joint, can be rendered prominent or tense, anchylosis is not complete; neither is it complete, or bony, should the slightest motion remain. And even though motion be lost, the same sensation of solidity is not imparted to the hand, on grasping the limb firmly above and below the articulation, as when bony anchylosis has taken place.

Fibrous or false anchylosis may be divided into two classes, which may be severally designated extra-capsular and intra-capsular.

Extra-capsular anchylosis depends on inflammatory action, such as is induced by burns, phlegmonous erysipelas, mechanical injuries, and indeed every form of inflammation through which lymph is deposited around a joint; while intra-capsular anchylosis is occasioned by various forms of inflammation which have affected the structures within the joint, and through which adhesions have been formed.

Thus, the fibrinous deposit, whether within the joint or external to the capsule, becoming organised, occasions false anchylosis.

Lymph is poured out into the cellular tissue around a joint, and about the sheaths of the tendons and muscles in the immediate vicinity; it becomes organised, and the parts are more or less matted together and fixed, whether in an extended or a flexed position, and their functions are impaired. And when the interior of the joint is affected, instead of that portion of the limb external to the capsule, then, in a somewhat similar manner, adhesions are formed between opposed surfaces, the inflammatory product becomes organised, and motion is hindered. Both in intra- and in extra-capsular inflammation the amount of injury to the limb will depend in some measure on the character of the inflammation. It will depend much more, however, on the mode in which that inflammation has been treated; whether attentively from the commencement, with absolute rest, or negligently—allowing the use of the joint. And in proportion as the inflammation is of long duration, so in all probability will the adhesions which form be dense and extensive. When, however, disease is arrested, and the interior of the joint is restored to a healthy condition, the adhesions which have formed may be so dealt with that motion may be restored. In many cases the adhesions are slender, and although slender they may entirely prevent useful motion; or, again, they may be more extensive, and yet yield and allow of increased motion. When the articular surfaces occupy their normal positions, and the interior of the joint is restored to its integrity, motion may be restored. It is a notion now for ever banished, that partial anchylosis has yet to be endured, and that surgical art can offer no remedy.

In many cases of partial anchylosis there is, also, partial displacement of the articular surfaces. Some of these admit of rectification of the position of the limb; in the majority of instances, however, this amelioration can only be partially accomplished, and it cannot always be maintained even after tenotomy. It need not be said that there is no hope of restoring motion, in a permanent manner, unless the position of the limb as regards the articular surfaces is first restored.

The *treatment of partial anchylosis* may be divided into—1st, gradual extension with or without tenotomy; and 2nd, forcible flexion of the limb, with or without tenotomy, and subsequent gradual extension.

In all cases of partial anchylosis there exists some muscular rigidity; in some also, cicatrices are found, resulting from loss of substance. In cases where the adhesions are recent, contraction of a limb will probably yield to continued extension—such extension, namely, as is made by means of a well-adjusted instrument for the purpose; but, except in cases of recent adhesions, it is generally necessary to commence the treatment by dividing the tendons of rigid muscles, and by dividing, subcutaneously, cicatrices. It is better to proceed at once to these subcutaneous sections rather than to prolong the treatment by extension unnecessarily; for, except when the adhesions are recent, simple extension is seldom so efficacious as when it is combined with subcutaneous sections. Even partial displacement of the articular surfaces is easily produced by continued extension without tenotomy. Indeed, this is not unfrequently seen to result at the knee when extension is long continued with rigid muscles. And, therefore, whenever it is desired to remove the contraction of a limb by extension, it is the rule first to divide the tendons of rigid muscles, and to divide cicatrices subcutaneously, and subsequently to proceed gradually to extend the limb.

But if such be the law of treatment where the articular surfaces occupy their normal positions, it is even more to be insisted on when any displacement has taken place. Extension should then without fail be preceded by the subcutaneous section of such tendons, fasciæ, and cicatrices as might interfere with the readjustment of the articular surfaces.

These obstacles to extension then having been removed, a well-adapted instrument is to be applied to the limb, and extension is to be made slowly. The instrument should support the limb efficiently; and it should always, in the first instance, be applied to the limb at the same angle at which the limb was held before the subcutaneous sections were made. So soon then as the punctures have healed, extension may commence, and be continued without pain and without producing displacement.

Numberless cases, however, exist in which the means above-mentioned are useless to restore to the limb either the normal position of its parts or to restore motion; cases, for instance, in which the adhesions are so firm that they do not yield to gradual extension: sloughs may be caused, and dislocations, partial or complete, may be produced; but the adhesions, whether intra- or extra-capsular, remain firm and unyielding. Injury alone, but no useful result, can accrue from gradual extension in these cases. Before chloroform was introduced, these were among the *opprobria* of surgery. Then, and indeed later, gradual extension of such limbs was continued for months without any advantage being derived; and the same system has been applied even where bony union rendered any benefit impossible.

Thus it is necessary, before proceeding to the treatment of a case of this kind, to form a correct diagnosis—to determine whether complete anchylosis has taken place, or whether the adhesions are fibrous; and if fibrous, whether they will yield to gradual extension or not. If these several points cannot be otherwise determined, chloroform should be fully administered, so that when muscular relaxation has been obtained both the character of the adhesions and the amount of motion may be ascertained. When bony union has taken place, a sense of solidity and continuity of structure is communicated to the hands on grasping the limb above and below the articulation; but when fibrous union has formed, there is always more or less motion to be obtained. And if the adhesions are of such a character—so firm and unyielding, allowing of only slight motion, and with inconsiderable muscular retraction—that the normal

position of the limb can only be gained by the forcible rupture of the adhesions, the force should be so applied that it is used mainly, if not entirely, in flexion of the limb.

Any tendons which are rigid should first be divided, and the punctures having healed, and chloroform having been fully administered, the limb to be operated on should be so firmly fixed that all motion is prevented, except that which the operator is about to impart to the limb. Thus, for instance, if the hip-joint is to be operated on, the pelvis must be fixed; if the knee, the thigh must be securely held; and so on. When the limbs are thus firmly secured, the adhesions are to be instantaneously ruptured, by force applied in the direction of flexion. I say that the adhesions are instantaneously ruptured, when the patient is properly prepared, and the force is rightly adjusted. The limb is then to be bandaged, and the joint is to be confined either in a gutta-percha splint or in a flexible splint.

I know of no danger whatever from the use of force so applied. Indeed, when the influence of the muscles is perfectly removed, the adhesions themselves usually offer very little resistance; and if the power to be applied is sufficient for the purpose, the result is instantaneous. In a small number of instances, the hand alone is insufficient to rupture the adhesions readily; in these I make use of an instrument of great power to flex the limb. Not only is there no danger connected with this operation, but with moderate care it would seem to be impossible to set up unhealthy action. There are timid people who would persuade you that in these operations fracture is not uncommon; that inflammation is frequently excited; and they will proceed to detail a list of ills, with which I will not trouble you. Let it be sufficient for me to say that I have never seen a fracture produced, nor have I known inflammation to occur, nor any other ill whatever to follow an operation of this nature; and that when disaster ensues it is from abuse of the operation. I cannot tell what might be the result of adopting such instructions as the following, which I copy from one of the latest works on the subject. After describing the preliminaries of the operation, the author proceeds thus: "A cracking noise is heard, which becomes more and more evident as the movements are continued, and at the end, it may be, of *half an hour*, the adhesions may have so far given way as to allow of motion in all directions to a very considerable extent, in a joint which had appeared completely anchylosed." I say this is not the manner in which this operation ought to be performed. It is capable of abuse, just as is any other operation; but when it is performed as I have above described it, I do not know an operation more successful than this is in the whole range of surgery, or one more free from danger.

When the joint retains its normal external form, the adhesions are easily broken down by the hand, when the limb is properly placed in position and the full effect of chloroform has been obtained; as you have seen in cases not alone under my care, but, I believe, also under the care of every surgeon of the hospital. I will especially refer, however, to one of the latest cases which has come under treatment in the hospital—namely, that of Mary C——, in Princess's ward. This patient had suffered from rheumatic inflammation, and was admitted into the hospital with partial anchylosis of the knee and of the ankle. The tendo Achillis was divided, and, when the puncture had healed, the adhesions were ruptured by flexing the foot upon the leg. On a subsequent occasion the hamstrings were divided subcutaneously, and, the punctures having healed, the adhesions at the knee-joint were ruptured by flexing the leg upon the thigh. This patient walked well when she left the hospital, and without the least lameness; and the knee and ankle of the affected side were as free as those which had not required operation.

It is a point to remember, that after dividing the tendons, and before the punctures have healed, the adhesions should not be ruptured; or they should be ruptured only with great care, lest the puncture should be extended into a rent. This extension of the puncture is much easier to effect than might be supposed, and it is therefore safer to allow the punctures to close before any force is employed.

In the cast before you (from which Fig. 20 was taken), the articular surfaces do not, as you see, retain their normal positions, but the leg-bones are in part displaced backwards. The case was as follows:—A. H——, twenty-three years of age, had suffered from abscesses about the knee for several years. Both the thigh and leg were much scarred with abscesses which had formed and broken. Portions of the femur had been exfoliated, and a part of the tibia was exposed when I first saw him. There was no appreciable motion at the knee-joint, and the tibia was displaced backwards. The limb was useless for walking; no weight could be borne upon it; so that crutches were always used. I was asked to break down the adhesions, which, however, I declined to do, and advised rather that resection should be thought of. Three days later, however, this same patient again presented himself, and importuned me to attempt to straighten his limb; and at length it was arranged that an examination under chloroform should be made. Eventually the hamstrings were divided, and an instrument was adjusted to the thigh and to the leg, consisting of metallic splints, which were connected with a roller in the popliteal space by catgut cords, and which, acting on the principle of the wheel and axle, when moved, approximated the roller and splints, and thus the knee was bent. I applied this instrument with much misgiving; but, having tightened the cords and applied pressure, the adhesions gave way in an instant with a loud snap. The instrument was immediately disengaged, and the limb was bandaged and supported with splints. Opium was administered, and its effect was continued more or less for three days. At the end of a week gradual extension was commenced, for there was no inflammation after this operation; the leg-bones were replaced, and the length of the limb was restored; so that before he left London my patient walked about his room without a stick. I was assisted in this operation by Mr. Pick and Mr. Potter, and by Mr. Gumpel.

Fig. 20.

This operation of rupture of fibrous adhesions is usually spoken of as forcible extension of the limb. This term is thus sometimes misunderstood and misapplied; so that, instead of flexing a limb, attempts are made to extend it. This treatment is, however, an entire misconception of the idea, and is likely to lead to mischief. Indeed, such an application of force cannot fail to produce lacerations, and probably abscess, or indeed fracture.

When the position of the limb is perfectly restored, then passive motion should commence. At first it may be necessary to administer chloroform, for motion is painful; but, as motion increases, passive movements excite less pain.

(To be continued.)

TABLES ILLUSTRATING THE EFFECTS OF REMEDIES UPON UNCOMPLICATED ACUTE RHEUMATISM.

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(*Continued from p. 155.*)

TABLE VIII.—SALINE TREATMENT, WITH SPECIFICS.

Nine cases. Heart affected in five. Average time in hospital thirty-five days.

Name.	*Age.*	*Days affected before admission.*	*Characters of attack on admission.*	TREATMENT.	*State of heart throughout.*	*Progress, &c.*	*Number of days in hospital.*
C. H.	24	5	Ankles, knees, elbows, and hand very red. Tremulous from drink.	Tart. pot., 1 scr.; colchicum wine, 15 min.: every 4 hrs. Morphia draught every night.	Unaffected.	Steady.	28
S. W.	18	7	In knees, ankles, loins, feet, and hips. Face flushed; skin hot.	Sol. acet. amm., ½ oz.; bicarb. pot., 1 scr.; colch. wine, 15 min.: every 6 hrs.	Unaffected.	Improved gradually.	18
I. B.	32	...	Second attack. Many large joints and knuckles swollen & red. Much sweating.	Citr. pot., 1 scr.; bicarb. pot., 10 min.; Dover's powder, 10 gr.: every 6 hrs.	On fifth day, præcordial pain; after which, sounds became distant.	Much sweating. A relapse.	48
R. J.	20	15	Limbs generally and joints of fingers severely affected.	Citr. pot., 1 scr.; Dover's powder, 5 gr.: every 6 hrs. After seven days, bicarb. pot., 15 gr., substituted for Dover's powder. Antimony wine added afterwards.	Mitral regurgitant murmur after eighteen days.	Tedious recovery. Bronchitis.	42
H. S.	11	5	Rheumatic pains over whole body. Large joints inflamed. Breathing tubular at base of right lung.	Citr. pot., 1 scr.; Dover's powder, 2 gr.: every 6 hrs. Leeches to præcordium after friction.	Friction heard on third day, temporarily replaced by præcordial dulness.	Rheumatism gradually subsided. Attack of pleurisy.	36
M. O.	22	4	Large joints and one knuckle enlarged and red. Much sweating.	Citr. pot., 1 scr.; Dover's powder, 5 gr.: every 6 hrs. Vapour baths. After six days, calomel and opium at night.	Unaffected.	Much sweating. Increase of pain at first.	31
J. C.	24	11	Large joints red and swollen. Urine alkaline. Sweat fetid. Gums sore (from mercury?)	Citr. pot., 1 scr.; Dover's powder, 5 gr.: every 6 hrs. Occasional vapour bath.	Unaffected.	Several relapses.	70
V. S.	12	5	Second attack. In ankle, arm, wrist, &c. Symptoms well marked.	Citr. pot., 1 scr.; Dover's powder, 2 gr.: every 6 hrs. Antimony wine, 20 min., afterwards added.	Systolic murmur at apex after two days.	Much sweating, cough, and pain in chest.	28
F. H.	28	14	Many joints, large and small, severely affected.	Effervescing citr. pot. draught; iod. pot., 10 gr.: three times a day. Morphia draught every night.	Systolic murmur at apex after three days.	Irregular.	20

TABLE IX.—PARTIAL ALKALINE TREATMENT.

(SALTS OF POTASS AND SODA, WITH CARBONIC AND THE VEGETABLE ACIDS; NOT LESS THAN THREE OR MORE THAN FOUR DRACHMS DAILY.)

Eight cases. Heart affected in three. Average time in hospital twenty-eight days.

Name.	*Age.*	*Days affected before admission.*	*Characters of attack on admission.*	TREATMENT.	*State of heart throughout.*	*Progress, &c.*	*Number of days in hospital.*
E. F.	16	5	Acute symptoms well displayed. Joints of lower extremities chiefly affected.	Citr. pot., 1 scr.; bicarb. pot., 10 gr.: every 4 hrs.	Unaffected.	Gradually recovered.	8
S. B.	17	10	Well-marked acute symptoms.	Citr. pot., 1 scr.; bicarb. pot., 10 gr.: every 4 hrs.	Soft mitral murmur heard after 16 days.	Delirious at night. Rheumatic pains slowly subsided.	36
I. M.	17	10	Knee, ankle, and wrists chiefly affected. Much characteristic sweating.	Citr. pot., 1 scr.; carb. pot., 10 gr.: every 4 hrs. Opiate on night of admission.	Unaffected.	Steady progress.	27
J. G.	30	14	Fifth attack; well marked. Ankles, knees, and wrist affected.	Citr. pot., 1 scr.; bicarb. pot., 10 gr.: every 4 hrs.	Unaffected.	Urine became alkaline. Gradual improvement.	19
E. B.	22	1	Second attack. Large joints chiefly affected. Profuse sweating. Pain in chest on inspiration.	Citr. pot., 1 scr.; carb. pot., 1 scr.: every 6 hrs. Dover's powder on night of admission. After nineteen days: nitre, 8 grs.; sol. acet. amm., 1 oz.: twice a day. Quinine during convalescence.	On 11th day three sounds heard with heart. After another fortnight blowing systolic murmur heard.	Pain very severe. Profuse acid sweat, sudamina; pain in chest; dyspnœa.	46
E. R.	33	14	All limbs and joints, especially wrists, affected. Free perspiration.	Tart. pot., 1 scr.; bicarb. pot., 1 scr.: every 6 hrs. Calomel and opium at regular intervals after heart became affected, besides draught.	On 3rd day sound heard like a reduplication of the second sound.	One or two returns of rheumatic pain.	62
G. K.	30	10	Shifting pains all over body. Knees swollen and red. Much acid sweat.	Citr. pot., 1 scr.; bicarb. pot., 10 gr.: every 4 hrs. Finally, guaiacum and Dover's powder.	Unaffected.	Profuse sweating. Pain and swelling gradually subsided. Slight relapse.	28
J. H.	15	8	Loins, shoulders, knees, and ankles successively affected. Well marked.	Citr. pot., 1 scr.; bicarb. pot., 10 gr.: every 6 hrs.	Unaffected.	Pain shifted about; nevertheless, quick recovery.	7

TABLE X. — PARTIAL ALKALINE TREATMENT, WITH AUXILIARIES.

Nine Cases. Heart affected in three. Average time in hospital forty days.

Name.	*Age.*	*Days affected before admission.*	*Characters of attack on admission.*	TREATMENT.	*State of heart throughout.*	*Progress, &c.*	*Number of days in hospital.*
A. H.	24	14	Second attack. Swelling of ankles, back of foot, and hands; redness over tendons; much fever.	Citr. of pot., 1 scr.; bicarb. of pot., ½ dr.; tinct. of hyoscy., ½ dr.: every 6 hrs. When friction was heard, cal., opium, leeches, &c.	After five days, pain in region of heart. Next day loud friction.	Sweating; pain lingered in knees.	41
P. H.	28	21	Much swelling and redness of knee and hand.	Nitre, 13 gr.; bicarb. of pot., ½ dr.; citric acid, 1 scr.: every 4 hrs.	Unaffected.	Regular.	10
M. W.	24	P	Symptoms well marked; all joints affected from ankles to neck; much fever.	Nitre, 8 gr.; sol. of acet. of amm., ½ oz.; bicarb. of pot., ½ dr.; every 4 hrs. After five days, colchicum wine, 10 min., added to draught. After three weeks, bark.	Unaffected.	Pain shifted much; profuse sour sweat.	34
J. P.	29	22	Pain and swelling, which began in arms, and afterwards extended to many other situations.	Nitr. of pot., 1 scr.; acet. of pot., 1 scr.; bicarb. of pot., ½ dr.; colch. wine, 20 min.: every 6 hrs. Occasional vapour bath. After three weeks, chinchona, with guaiacum and iod. of pot.	Unaffected.	Pain lingered after acute symptoms had subsided.	38
M. E.	19	5	Much heat and sour sweat; left knee chiefly affected.	Tartr. of pot., 1 scr.; bicarb. of pot., 1 scr.; colch. wine, 15 min.: every 6 hrs. Leeches to knee.	Unaffected.	Much sweating; affection became localised in knee.	103
C. S.	33	P	Wrist and ankle chiefly affected. Sweating.	Citr. of pot., 1 scr.; colch. wine, 15 min.; carb. of pot., 1 scr.: every 6 hrs.	Murmur within five days. At his death, three years afterwards, valves thickened, and old lymph in pericardium.	Pain shifted about.	16
W. F.	21	3	Heat and sweating; knees, loins, and shoulders affected.	Carb. of pot., ½ dr.; acet. of pot., 1 scr.; colch. wine, 20 min.; sol. of acet. of amm., ½ oz.: every 6 hrs. Afterwards given three times a day, with 10 min. of colch. wine.	Unaffected.	Urine alkaline on third day. Steady progress.	26
A. H.	32	21	Second attack. Knees, hand, and ankles most affected.	Citr. of pot., 1 scr.; carb. of pot., 1 scr.; colch. wine, 15 min.: every 6 hrs. After ten days, cal., 3 gr.; opium, 1 gr.: every night. When signs of effusion appeared, cal., 2 gr.; opium, ½ gr.; powder of squills, 1 gr.: every 4 hrs.	After a fortnight, signs of effusion in pericardium.	Pain in belly and diarrhœa; much prostration; rheumatic pain not persistent.	70
E. N.	21	14	Third attack. Pain in knees and ankles, without redness or swelling; skin dry.	Citr. of pot., 1 scr.; carb. of pot., 1 scr.: every 6 hrs. Cal., 4 gr.; opium, 1 gr.: every night until gums slightly affected.	Unaffected.	Pain shifted to hands and shoulders, which became red and swollen.	25

TABLE XI. — FULL ALKALINE TREATMENT.

(SALTS OF POTASH AND SODA, WITH CARBONIC AND THE VEGETABLE ACIDS; NOT LESS THAN FOUR DRACHMS DAILY, AS DOSE FOR AN ADULT.)

Twenty-three cases. Heart affected in one. Average time in hospital twenty-five days.

Name.	*Age.*	*Days affected before admission.*	*Characters of attack on admission.*	TREATMENT.	*State of heart throughout.*	*Progress, &c.*	*Number of days in hospital.*
T. S.	37	14	Well marked. Hands and wrists chiefly affected.	Dover's powder, 10 gr., on night of admission. Acetate of potash, ½ dr.; bicarbonate of potash, ½ dr.; solution of acetate of ammonia, ½ oz.: every six hours. On third day, every four hours. Finally, bicarbonate of potash, 1 scr., with bark, thrice daily.	Unaffected.	Great improvement on fifth day.	14
M. A.	32	7	Ordinary acute, affecting loins, wrists, knuckles, feet, and ankles. Much acid sweat. Pulse 120.	Extract of acetate of colchicum, 2 gr.; compound colocynth pill, 7 gr.: on night of admission. Senna and potassio-tartrate of soda draught, after four hours. Potassio-tartrate of soda, 1 dr.; bicarbonate of potash, 1½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every six hours. On the seventh day, bicarbonate of potash, ½ dr., with guaiacum and chinchona.	Systolic murmur heard day after admission. Following day, doubtful friction at base. Ten days later, sounds quite natural.	Much sweating and prostration.	35
F. H.	40	21	Very general. Hips, knees, ankles, wrists, and hands red and swollen. Sweat of characteristic odour.	Colchicum, calomel, and colocynth, on admission. Acetate of potash, 1 dr.; bicarbonate of potash, 1½ dr.; solution of acetate of ammonia, ½ oz.: every four hours, with citric acid, 1 scr. Frequency of draught gradually diminished. Finally, guaiacum mixture, 6 dr.; bicarb. of potash, 1 scr.; with bark: thrice a day.	Unaffected.	Gradually recovered.	25
G. S.	17	10	Large joints of lower extremities swollen and exquisitely painful.	Calomel and colchicum on admission. Bicarbonate of potash, 1½ dr.; potassio-tartrate of soda, 1½ dr.: every four hours. After five days, bicarbonate of potash, 1 dr., with bark, thrice a day.	Unaffected.	Free from pain in three days.	16
L. C.	14	14	Much heat of skin and sweating. Hips and shoulders chiefly affected.	Solution of acetate of ammonia, 1½ oz.; bicarbonate of potash, 1 dr.; potassio-tartrate of soda, 1½ dr.: every four hours; twice a day after third day. Finally, bicarbonate of potash, ½ dr., with bark, three times a day.	Unaffected.	Pain soon subsided. Elbow remained stiff.	20

			and shoulders chiefly affected.	potassio-tartrate of soda, 1½ dr.: every four hours; twice a day after third day. Finally, bicarbonate of potash, ½ dr., with bark, three times a day.		mained stiff.	
E. S.	23	12	Face flushed; skin hot and harsh; tongue dry and coated; neck, hands, legs, and feet red, swollen, and very tender.	Solution of acetate of ammonia, ½ oz.; bicarbonate of potash, 2 scr.; tartrate of soda, 1½ dr.; citric acid, 1 scr.: every six hours. After fourth day, only morning and night. Second day, purge with colchicum. On sixth day, bicarbonate of potash, 1 scr., with bark, thrice a day. Occasional vapour bath.	Unaffected.	Attack of diarrhœa.	25
E. B.	28	14	Much sweating. Joints red and swollen, chiefly knees and wrists.	Tartrate of potash, 1 scr.; acetate of potash, 1 scr.; bicarbonate of potash, ½ dr.: every four hours. On eighth day, guaiacum and ammonia tincture, 1 dr.; bicarbonate of potash, ½ dr.; with bark: thrice a day.	Unaffected.	On eighth day, no swelling; pain almost gone.	31
W. H.	23	14	Chiefly in hands.	Potassio-tartrate of soda, 1 dr.; bicarbonate of potash, 2 dr.; solution of acetate of ammonia, 1 oz.; citric acid, 1 scr.: every four hours.	Unaffected.	Steadily progressed.	20
J. P.	12	5	Knee and ankle affected. Skin hot, and sweating profusely; tongue furred; and pulse rapid.	Aperient with colchicum on admission. Acetate of potash, 2 scr.; bicarbonate of potash, 2 scr.; solution of acetate of ammonia, ½ oz.; citric acid, 1 scr.: every four hours. After urine became alkaline, every six hours.	Unaffected.	Progress rapid.	7
E. W.	29	14	Second attack. Affecting shoulders and other large joints. Much fever.	Aperient on admission, with colchicum and calomel. Acetate of potash, ½ dr.; bicarbonate of potash, 1½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every four hours. Vapour bath.	Unaffected.	Great improvement after six days. Hand desquamated.	13
C. T.	30	7	Second attack. Knees, foot, and limbs generally affected. Skin hot and dry.	Calomel, colchicum, and colocynth, on admission. Acetate of potash, 1 dr.; bicarbonate of potash, 1 dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every four hours. Continued every six hours, when the urine became alkaline. On tenth day, bicarbonate of potash, ½ dr., with bark, thrice a day. Extract of acetate of colchicum, 2 gr.; compound colocynth pill, 3 gr.: every night.	Unaffected.	Progress at first rapid; afterwards lingering.	27
B. M.	6	3	Third attack. Redness and swelling of feet and ankles, and hand. Tongue furred, and bowels confined; pulse 130.	Bicarbonate of soda, 1 scr.; acetate of potash, 15 gr.; solution of acetate of ammonia, 2 dr.; citric acid, 1 scr.: every six hours; twice a day, when the urine became alkaline. Finally chinchona draught, and sulphate of magnesia, 1 scr., thrice a day.	Unaffected.	Gradual progress.	23
G. P.	23	5	Large joints of upper and lower extremities affected. Skin hot, and tongue furred. Attack very severe.	Bicarbonate of potash, 1½ dr.; acetate of potash, ½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every four hours. Third day: bicarbonate of potash, 1 scr.; acetate of potash, 1 scr.; with chinchona: thrice a day.	Unaffected.	Third day, nearly without pain.	10
F. R.	20	5	Pain, redness, and swelling of ankles, arm, and shoulder. Skin hot and dry; tongue furred; bowels confined.	Aperient on admission, with calomel and colchicum. Acetate of potash, ½ dr.; bicarbonate of potash, 1½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.; every four hours. On third day, every six hours, with 6 min. of tincture of opium. Finally, chinchona draught, and bicarbonate of potash, ½ dr., thrice a day. Occasional vapour bath.	Unaffected.	Pains greatly diminished on third day. Much sweating. Symptoms became chronic.	71
C. M.	22	2	In knees, ankles, and feet. Much sweating and thirst.	Bicarbonate of potash, 1 scr.; citrate of potash, 1 scr.: every four hours. On fifth day, citrate of potash, 1 scr.; nitrate of potash, 5 gr.: every six hours.	Unaffected.	Acute symptoms soon ceased.	15
G. K.	20	7	Pain, redness, and swelling of joints, especially of feet, ankles, and elbows. Tongue dry and furred.	Bicarbonate of potash, 1½ dr.; acetate of potash, ½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every four hours. After urine became alkaline, bicarbonate of potash, 1 scr.; iodide of potash, 6 gr.; with bark: three times a day.	Unaffected.	Symptoms became subacute on the second day.	15
M. A. G.	18	7	Pale and anæmic. Much shivering, followed by pain throughout lower extremities. Much sweating; tongue thickly coated; pulse 120. Urine alkaline.	Carbonate of potash, ½ dr.; acetate of potash, 1 dr.; potassio-tart. of soda, 1 dr.: every six hours. Afterwards, bicarbonate of potash, 1 scr.; iodide of potash, 6 gr.; with bark: every six hours.	Unaffected.	Eyelids swelled; pains soon ceased.	17
W. S.	29	5	Half-starved. Boils on nates. Pains in limbs generally; redness and swelling of knees and hands. Slight bronchitis. Much sweating.	Bicarbonate of soda, 1½ dr.; acetate of potash, ½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every four hours. After fourth day, bicarbonate of potash, ½ dr., with bark, every six hours.	Unaffected.	Second day, joints better, though urine still acid.	14
T. S.	43	14	Redness, swelling, and pain in both ankles. Much sweating at night. Urine dark. Tongue much furred.	Bicarbonate of potash, 1½ dr.; acetate of potash, ½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every four hours. On sixth day, bicarbonate of potash, ½ dr., with bark, three times a day. Afterwards, sulphate of iron, 1 gr., added to draught.	Unaffected.	Relapse in knees.	23
F. R.	52	6	Hips, knees, and other large joints affected. Skin hot; tongue much furred. Urine dark. Bowels confined. Catamenia absent three years.	Bicarbonate of potash, 1½ dr.; acetate of potash, ½ dr.; solution of acetate of ammonia, 6 dr.; citric acid, 1 scr.: every six hours. On third day, nitre, 10 gr.; compound decoction of aloes, ½ oz.: three times a day. On ninth day, aloes with bark.	Unaffected.	Pain remained obstinately in hips.	—
H. S.	62	30	Hands, feet, and hips affected. Skin hot; pulse rapid; tongue coated.	Dover's powder, ½ gr., at bedtime. Nitre, 7 gr.; solution of acetate of ammonia, ½ oz.; potassio-tartrate of soda, 2 dr.: every six hours. Subcutaneous injection of morphia. Afterwards tonics and colchicum.	Unaffected.	Much pain in head and shoulders. Progress gradual.	56
G. J.	8	4	Severe in knees and other large joints. Skin hot; tongue dry.	Citrate of potash, 1 scr.; bicarbonate of potash, 15 gr.: every four hours. Cod-liver oil after three weeks.	Unaffected.	Much subsequent debility.	37
H. L.	43	10	Well-marked symptoms after exposure to wet.	Citrate of potash, 1 scr.; bicarbonate of potash, ½ dr.: every four hours. After seven days, nitre, benzoic acid, sarsaparilla, &c.	Unaffected. At his death, nine years afterwards, pericardium and valves healthy.	Acute symptoms rapidly subsided; became localised in ankle.	45

(To be concluded.)

ON

THE NUTRITIVE VALUE OF DIFFERENT SORTS OF FOOD.

BY BARON LIEBIG.

(*Continued from page* 115.)

THE performance of man depends on the tone of his nerves, and it is therefore comprehensible, when we consider the endless demands made upon him, that things which act on their condition become for him necessities. They act on his *will*, and accordingly on the acts of the individual; on the employment of his existing strength to face opposition, to overcome difficulties, or to brave outward influences which he otherwise would have evaded. A glass of wine, like an outward bodily pain, a few boxes on the ear or blows with a cudgel, often, with regard to the tone of the nerves, produce wonders.

As to the effect of coffee I will confine myself to quoting what Julius Froebel, in his most interesting work, "Seven Years in Central America," says on the subject. "For the men accompanying the great mercantile caravans in Central America coffee is an indispensable necessity. Brandy is taken as medicine, but coffee is quite a necessary article, and is drunk twice a day. The refreshing effects of this beverage in heat and cold, in rain and dry weather, are extraordinary."

The use of tea and its wide-spread enjoyment is founded on quite similar effects—that of maté in Paraguay also, and of the gurn-nut in the interior of Africa; and it cannot fail to excite our utmost astonishment when we learn that the same substance, caffein, to which we attribute the specific effects of coffee, is also to be found in the leaves of the tea-plant, in those of the ilex species—a decoction of which is drunk in Paraguay, as we take tea,—and finally, too, in the gurn-nut (Sterculia acuminata).

We must presuppose that if these stimulants did not satisfy some powerful want of our organisation men would hardly take the trouble to seek them, and that instinct should, in so wonderful a manner, among a countless number of plants, choose just such as produce substances inducing the same effect, shows that one and the same gap exists in the nutrition of man in all countries and all zones, and in the same manner is sought to be filled up.

In tea or coffee we obtain certain advantages for furthering the performance of mental or bodily functions, for warding off outward disturbing influences on the state of our health—in short, for the preservation of a normal equilibrium which is not exactly to be defined. If these drinks had not such effect we should soon tire of their enjoyment.

To these stimulants belongs the extract of meat, which is nothing else but a concentrated meat-broth, of the consistency of treacle.

The meat-broth contains those parts of the meat which can be extracted by means of water: hence the name, "extractive substances" of meat. These are combustible and incombustible substances. The latter are phosphates, to be found also in tea and coffee. The greater mass of the combustible substances consists of very nitrogenic uncrystallisable substances, the nature of which has not yet been discovered; also of three crystallisable substances—creatine, creatinine, and sarcine, of which the latter two belong to the same class of combinations as caffein. This is the remarkable class of the alkaloids which includes the most effective medicines, such as morphine and quinine; and the most fearful poisons, such as strychnine, coniin made from hemlock, nicotin, and others. In its composition caffein is nearest related to the creatinine of meat-broth. None of the extractive substances of meat are to be found in vegetable food; they are the products of the animal body.

In China and Japan there is no cattle breeding; all the land fit for tillage is exclusively devoted to producing food for man. The Japanese and the majority of the Chinese are forbidden by their religion to eat meat; the same with the Sintoos in Japan and the worshipers of Buddha. We know that the milk sold in the streets of Canton is woman's milk, and is employed for the sick. In many lands of the torrid zone, as in Western Africa, no cattle can be bred for the sake of their flesh; as during the dry season all the grass disappears, and to make hay during the rainy season is impossible.

If we consider that tea, coffee, and the gurn-nut all come from lands where meat is one of the rare enjoyments of the population, we are led to believe that the value of these stimulants consists in their being a substitute for meat-broth, and in partly replacing its effects. The fact that the English, Dutch, and North Americans, who are the greatest meat consumers, also drink the most tea, is not an argument against this opinion; for they use also the largest amount of extract of meat, and Great Britain alone takes one-third of all the quantity exported from South America.

By roasting coffee too much the effects which it has, in common with tea, are essentially diminished. The caffein evaporates, and, in the beans left behind, one has a quantity of scorched substances, which in their effect on the organisation may be replaced by roasting other vegetable substances—such as chicory-roots, figs, &c.

It deserves notice that a decoction of pekoe or souchong tea always contains a certain quantity of iron and manganese peculiarly combined, and strong tea about as much as a weak chalybeate.

The particular value of meat-broth as a stimulant is shown when we compare, according to their component parts, bread or flour with meat.

Flour.—Albuminate, heating matter (starch), and nutritive salts.

Meat.—Albuminate, heating matter (fat), nutritive salts, and extractive substances.

Meat, accordingly, is distinguished from bread and vegetable food by its containing a number of remarkable substances, which are here comprised in the name "extractive substances." If by soaking or boiling meat the water drew out these extractive substances only, its nutritive value would not be less than before; but the water extracts from the meat the greater part of the soluble nutritive salts, and it is this, and not the removal of the extractive substances, which is the reason why the meat residue has no further nutritive worth. We may assume that, by adding the missing nutritive salts, the said residue will regain the original nutritive value, but it will be no other than that which belongs to bread.

Meat food, as was said, possesses, besides the nutritive worth which it has in common with bread, in certain conditions an advantage over it, on account of the greater digestibility of the meat albuminates, and their quicker transmission into the circulation of the blood. But in this respect milk and cheese are not behind meat food. The latter, moreover, has another quite peculiar effect on the nervous system, which we denote by the words "tension," "tone;" and that this is produced by the extractive substances cannot be doubted.

It is essentially their food which makes carnivorous animals, in general, bolder and more combative than the herbivorous animals, which are their prey:—

"A bear kept at the Anatomical Museum of Giessen showed a quite gentle nature as long as he was fed exclusively on bread, but a few days' feeding on meat made him vicious, and even dangerous. That swine grow irascible by having flesh food given them is well known—so much so, indeed, that they will then attack men." *

The extractive substances of flesh, which make up 12 per cent. of the dry muscular tissue, decide accordingly the meat value of flesh, by which I intend to designate the worth exclusively belonging to a meat diet, or the effects by which it differs essentially from vegetable food.

Soup, bread, vegetables, puddings, ham, cheese, &c., are component parts of our meals; and all these different victuals lose something of their nutritive value because of the absence of the nutritive salts. Bread, for example, will on that account not be thoroughly digested; it produces the most excrement; and thus all the above-named sorts of food leave a residue, which burdens the intestines and produces a sickly state, just as if to the perfectly digestible elements of any sort of food a portion of something indigestible or useless was mixed up with it. The experienced cook endeavours to amend this defective quality by his sauces and condiments; and he employs for the pur-

* Chemical Letters.

pose, besides kitchen herbs, an extract he has in store prepared from broken bones, odds and ends of meat, &c.; but as these latter contain generally but very little muscular flesh, this stock made by the cook is always poor in the nutritive salts, but all the richer in glue, which contributes nothing either to nourishment or to the improvement of food.* A perfect compensation is only to be obtained by using a concentrated meat broth, which of all similar preparations abounds most in nutritive salts. The delicate, full flavour which the food acquires by it shows the cook that in this way he most easily obtains what was wanted; and he who tastes the dish experiences by his digestion if the cookery were good or not. A dish well prepared is distinguished from one badly cooked by being more easily digestible, and this depends on its mixture, the time occupied in digestion, and on its solubility and divisibility in the stomach. The latter—which is important, but is not the chief thing—is what the inexperienced cook most cares for; he deceives our taste by unfitting spices, and so spoils the best materials. Simple dishes, well prepared, are what the epicure values most.†

The culinary artist might learn much from our farmers and cattle breeders. The latter know of what importance the right proportion of the several nutritive substances is for the nourishment of plants and cattle. As regards nourishment more is done for cattle than for man, and yet a man is the dearer object of the two, and at the end of a war we learn how high a price had to be paid for a man and for human strength.

There is no longer diversity of opinion among farmers and cattle breeders as to the principles of nourishment. Their insight has taught them to call into existence peculiar institutions where the nutritive value of different sorts of fodder may be scientifically and practically examined and determined; where they learn what mixture of food will enable them, at least expense, to obtain the greatest amount of meat, milk, wool, or work. The practical realisation of a theoretical acquisition has led them to make science the foundation of their business. From being empirical journeymen they have raised themselves to be a class of thinking workers, who, as regards mental range, will very soon surpass every other industrial class, and before long will give society a totally new impress.

In what relates to the nourishment of man we are in practice a century behind; and if we have to decide on the best and most economical way of feeding a certain number of men in prisons, houses of correction or poor-houses, or of soldiers in peace or in the field, we meet with the most lamentable contradictions, and the matter, finally, is left to chance.‡

In his work on the Origin of Medicine, Hippocrates says: "And this I know for certain, that the quality of our food and of bread exercises great influence on the health; and how can he who does not heed this, or does not understand this influence, understand the diseases which attack man? It seems to me necessary, therefore, that the physician should be acquainted with nature, and strive, if he will fulfil his duties, to discern what man is in relation to his food and drink and his occupations, and how his food affects the individual person. If the same nourishment were fitted for the patient as well as for the man in health, nobody would have sought for medicine. To know what food is proper for the sick, this it is which constitutes the physician."

Were a new Hippocrates to arise in our day he would produce, doubtless, with the help of the laws of nutrition which science has laid down, a total revolution in the curative art; but for the greater number of our physicians diatetics are an unknown field, although the most sagacious among them are unanimous in asserting that by a right choice of food in the period of development and in advanced age many diseases and much suffering might be avoided.

One of my friends, a celebrated physician, said to me, when adverting to his success in his practice—"The curing of illnesses is always a doubtful matter: the secret of my success consists in my making it my chief aim to keep those confided to my care in good health."* He asserts that the children of the wealthy are generally brought up to be gluttons, and that their naughtiness and their distaste for learning or for work arise more from the state of the stomach than of the head.

(To be concluded.)

* See on this particular point an article in the "Popular Science Review" for April, 1865, p. 297.

† The fungi used by the cook in his sauces—truffles, mushrooms, &c.—contain, wonderful to say, the same nutritive salts, and also in nearly the same proportion, as meat; and in taste fungous broth greatly resembles meat broth. A closer examination of these might lead to interesting results. In Siberia, even toad-stools, in spite of their poison, are not despised.

‡ The following are the "field rations" of the soldiers of the army of one of the middle German States:—Roasted coffee, twelve ounces; rice and sugar, two pounds eight ounces. By the term "field rations" is meant the food which the soldier carries with him in the field, and which is only to be resorted to in cases of the greatest necessity, and when there is nothing else to be had. Coffee, as a stimulant, is of great value, but it is not nourishment. Sugar is a heat-giving substance, and rice comes in nutritive value after the potato. The soldier accordingly is obliged to drag about with him two pounds twenty ounces of substances which, if they nourish him at all, do so only very imperfectly. Coffee, as was said, is a good thing, and may be drunk without sugar, as in the East. To expect a man to chew rice, or to eat it boiled in water, without salt or butter, is demanding rather too much. With a pound and a half of ship's biscuit, made of unbolted flour, and a few ounces of extract of meat mixed with salt, or a piece of smoked beef sausage, the soldier would do much better.

ON SOME OF THE FUNCTIONS OF THE MIDDLE AND INTERNAL EAR: AND THEIR ANALOGIES.

BY PETER ALLEN, M.D., F.R.C.S. EDIN.

(Continued from page 85.)

The membrana tympani.—It is surprising that, with all our novel and improved instrumental methods of examining the membrana tympani, and with our more correct knowledge of its anatomical and pathological characters, aural surgeons have not yet succeeded in recognising with any degree of distinctness and precision the exact atmospheric alterations which occur in the tympanic cavity when submitted to the before-mentioned experiments, especially as the latter are in use for diagnosis. When we find writers of high reputation as aural surgeons describing so diversely the changes manifested in the cavity and membrane of the tympanum and in the Eustachian tube, when submitted to auscultation with the otoscope, to inspection under most favourable illumination, and perhaps to exploration with the catheter,—the question occurs, How did the errors involved in the statements of these observers arise? And what methods of examination can be substituted or added without increasing these already too numerous discrepancies? No attempts, however, to further our present physiological knowledge, or to incite practitioners in aural surgery to avail themselves of, rather than despise, microscopic discoveries and all new aids to examination and diagnosis, can possibly be effectual, unless they more generally cultivate an intimate acquaintance with the structure of the part whose diseases they treat, and become more enlightened in acoustic science.

Great diversity of opinion as to certain functions, and as to the phenomena presented by disease of an organ partially hidden from view, will always continue to exist among the most intelligent and accurate investigators; but when the anatomy of a part which is not internal has been clearly made out and defined, it appears almost incredible that we should still meet with such errors of description as the following, in one of the Manuals most extensively advertised and circulated:—"The membrana tympani is composed of muscular fibres, which concentrate towards the extremity of the malleus." "The manubrium of the malleus will be plainly seen approaching the membrane from above downwards, and slightly attached to it in the lower third of its disc," and "mucous membrane lines both sides of it."

While regretting that the true anatomical characters, position, and relations of the membrana tympani should have been so mistaken and fallaciously described by any aurist, it would be inconsistent with my present plan to introduce any detailed notice of its structure. The results of carefully conducted dissections and microscopical examinations of the drum and its membrane will be found set forth in the late Mr. Toynbee's treatise on the Ear, to which the reader is referred for the fullest information on the subject.

* This reminds one of a certain shah of Persia who paid his physician only when in perfect health. Directly his majesty grew ill, the physician's salary was stopped.

We who look at this membrane so often, view it not alone in its functional aspect, but also recognise that it has a most unquestionable bearing upon the pathology of the middle ear; for by a thorough inspection of its outer surface we are able not only to define its own deviations from the healthy condition, but also to diagnose abnormal changes beyond, in the tympanum.

I now go on to consider the motion-phenomena exhibited by the tympanic membrane when subjected to experiments with the view of ascertaining its degree of elasticity and vibratile power. Some of these experiments become reliable means for diagnosis, and are even practically useful as therapeutic agents; their value, however, in both cases depending upon a correct perception of their effects.

The following extracts from a few authors who have endeavoured, in recent times, to extend the field of aural physiology are given to show, not only the difference of opinion which exists as to the action of the membrana tympani when under the influence of air pressure, but that the employment of a sensitively constructed manometer would have determined, without fallacy, the functional changes in the drum and its membrane, which have not hitherto been satisfactorily made out.

Toynbee caused the patient to swallow with his mouth and nose closed, while he applied the otoscope to the ear; and he asserts in his work that there will be heard at the moment of swallowing, "most distinctly, a faint crackling sound, produced apparently by a slight movement of the membrana tympani; ..... the entrance of air into the tympanum can be distinctly heard; ..... the membrana tympani is seen to be pressed slightly outwards." He therefore assumed that a *condensation* of air in the tympanic cavity ensued and remained. This inadequate method of examination proved unreliable for diagnosis, and also caused Toynbee to reject the use of the catheter in cases where, before the discovery by Politzer of a substitute, it would have proved invaluable.

Mr. Hinton says,* "Mr. Toynbee's remarks need slight modification." And further: "The act of swallowing, whether the nostrils be closed or not, does not increase the pressure of air in the tympanum, but diminishes it; and it is therefore the suction of air out of the tympanum, not the forcing of air into it, which is heard through the otoscope during that act. This has been proved by Politzer, by means of the introduction of a small manometer, air-tight, into the meatus, when the coloured fluid is seen to fall during swallowing; and in some not very rare cases in which there exist thinned spots in the membrane, either as scars of former perforations or as the result of superficial ulcerations, the effect of swallowing may be plainly seen; the thinner portions visibly falling inwards during swallowing, especially when the nose is closed, and bulging when the ear is inflated."

Mr. Hinton has apparently adopted Dr. Schwartze's† quotation from Politzer's *brochure*, in the "Vienna Medical Review" of 1862, rather than his more recent series of observations contained in "Die Beleuchtungsbilder des Trommelfells" (Wien., 1865, p. 138). Politzer there, as I read it, makes no allusion to the test *with nostrils unclosed*, but says: "An erroneous supposition has arisen that during the act of swallowing with nasal cavities closed, air was passed into the tympanic cavity. By a manometer, which is provided with a little drop of coloured fluid, placed air-tight in the meatus, an air-rarefaction may be proved. We must, however, review our experience in this matter, inasmuch as, correctly speaking, it is only in the first moment of the act of swallowing that a slight air-condensation ensues in the tympanic cavity; in the further course, however, a considerable rarefaction." He then proceeds, almost in the same words as above quoted from Mr. Hinton's supplement, to endeavour to establish this hypothesis, by reference to the evidences afforded when the membrane is morbidly affected.

Dr. Jago, two years before Toynbee's publication, called attention to "the visible depression of the lachrymal sac as manifesting that air is withdrawn during the act of swallowing with nose closed."

I have noted down these different contributions to the subject under consideration, because they contain all the information that I can gather from writers on aural physiology, and not from the mere desire to criticise or controvert their opinions.

Those who are in the habit of investigating ear disease will not fail to see that much practical importance attaches to researches which have for their object to elucidate the functions of those parts that not only receive and regulate, but propagate every variety of sound to the auditory nerve, The membrana tympani and ossicular chain will be shown to be the analogues in function of the iris, which regulates the admission of light to the optic nerve. The structure and offices of the iris have been most elaborately investigated and described, and ophthalmic surgery correspondingly benefited. Observations, however, on the analogous parts in the ear, which effect even more for hearing than the iris for sight, cannot be said to have attained any such exactitude, and consequently cannot afford similar assistance to aural surgery. At the risk even of prolixity, I may be excused for making an honest attempt to explain the mechanism whereby relaxation and tension of the membrana tympani are effected; these actions being strictly analogous to dilatation and contraction. Air-condensation in the tympanum, causing relaxation of its membrane, answers to dilatation of the pupillary margin of the iris; and air-rarefaction, causing tension of the membrane, answers to contraction of the pupil. Should not, therefore, important functions performed by parts in the ear, which are analogous to, and obviously as much concerned in surgical manipulations as, those in the eye, obtain equal attention?

I subjoin what I conceive to be a correct explanation of the changes which take place in the tympanum and its membrane when certain acts are performed, whether for the purpose of diagnosis or experiment.

1. *In swallowing.*—The Eustachian tubes, usually closed, are now opened; and during the short time that they remain open, the air in the tympanum is continuous with that in the nasal cavities; but being nowhere unduly pressed upon, that column which has been detained in the fauces passes out of the nostrils as soon as the palate muscles return to rest, and not into the Eustachian tubes. I cannot detect any motion of the membrana tympani, when inspected by the best illuminating power; nor is the fluid in my manometer in the slightest degree affected. If, however, an unusually dense external air has parsed the tympanic membrane inwards, or, conversely, a rarefied air has drawn it outwards, then the act of swallowing, in restoring equilibrium, will move the membrana tympani. The former condition occurs when we descend in a diving bell or into a coal mine, and the latter in crossing high mountains.

Schwartze and Lucae have attempted to show that, not only in swallowing, but in ordinary respiration, movement of the membrane takes place; but Politzer designates such a view simply as "error," and conclusively proves that it is only in certain morbid states, as in cicatrices, collapses, thinnings, healed perforations, &c. (where I conjecture that there has been loss of elastic fibre), any perceptible motion ensues. Neither Politzer nor I can therefore concur in my friend Mr. Hinton's physiology as above quoted, where he leads us to infer that an ordinary act of swallowing diminishes the pressure of air in the tympanum.

2. *Swallowing with nostrils closed.*—In this case, effects are produced upon the membrane wholly different from those just noticed. While the Eustachian tubes are patent, the faucial air, being prevented from escaping through the nose, is pressed into the tympanitic cavity with sufficient force to overcome the resistance offered by the tensor tympani muscle and ligament, and the fibrous structure of the membrane. The latter is, in consequence, quickly pushed *outwards*. Before, however, the muscles which have opened the Eustachian tube return to their state of rest, the membrana tympani, by its own inherent elasticity, aided by its tensor muscle, springs back to its position, even a little further inwards than before. The manometer having been placed in the meatus, it is seen that, in the first part of the act, a rapid but *considerable condensation* occurs, and a corresponding rise of the fluid. Secondly, and as rapidly, a *slight rarefaction*, as is made evident by a fall of the fluid to somewhat below the point at which it stood before the experiment. If a swallowing movement, or any of those other movements previously specified, be now made with nostrils unclosed, equilibrium will be restored, as will be proved by the fluid returning to its usual position.

* Supplement to Toynbee, p. 443.

† Die Wissenschaftliche Entwicklung der Ohrenheilkunde im letzten Decennium. Archiv für Ohrenheilkunde, p. 6.

On a comparison of these results with those obtained by Politzer, a want of agreement will be perceived; but the inefficiency of the instrument made use of by this generally most accurate observer fully accounts for the mistake into which (as I think) he has fallen in this instance.

The next paper of this series, devoted to sound-conduction, will contain illustrative engravings of my manometer, and of some parts of the tympanum.

(To be continued.)

ON CONICAL CORNEA.

BY ROBERT BRUDENELL CARTER, F.R.C.S.

THE LANCET for the 23rd of January contained a brief notice, in an account of a meeting of the Medical Society of London, of a patient who is said to have suffered from conical cornea, and who underwent operations, which were productive of very great benefit, at the hands of Mr. Haynes Walton. The *Giornale d'Oftalmologia Italiano* for 1868, p. 63, will be found to contain a similar narrative, given at great length, and with much magniloquence, by the operator, Dr. Ponti Floriano. This gentleman, who does not appear to be profoundly versed in the matter of which he writes, tells us that his operations were preceded by trials of various kinds of treatment, among others, of methodical compression, and of the use of infusion of tobacco, *so much extolled by the English!* (*"tanto decantato dagli Inglesi"*). He performed irido-encleisis at opposite points of the vertical meridian, with an interval of eight days between the operations. They were *col metodo Botto*, and the author, notwithstanding the tobacco, knows enough of English practice to describe them as *"di gran lunga superiore all' Iridesi del Signor Bowman di Londra, ed alla Iridectomia del Gröfe."* Mr. Haynes Walton also appears to have made vertical diametral pupils; and although in the notice to which I have referred he is said to have described the operation as modern, and is not said to have made mention of Mr. Bowman as its originator, yet there can be no doubt that these were errors due to the brevity of the report. But on reading his case I cannot help being greatly struck, as I was also on reading Dr. Floriano's, with an apparent incompatibility between the disorder said to have existed, and the means by which the actual disorder was relieved. I cannot avoid the suspicion of an error in diagnosis. It seems nearly certain that the patients were in reality suffering from a high degree of astigmatism, and not from conical cornea at all.

The term conical cornea is not a good one, for the reason that there is no true conicity in the case. The pathology of the affection is now well understood. The central portion of the cornea undergoes some kind of degeneration or atrophy, loses part of its resisting power, and alters its curvature under the influence of the intra-ocular pressure. The outline produced by the alteration is not conical, but hyperboloid. The effect is greatly to increase the refractive power of the centre of the cornea, without any corresponding increase of the refractive power of the marginal parts. The resulting defect of vision is not due to the mere increase in the refractive power, but to the confusion produced by the difference between the centre and the margin. Mere increase could be neutralised by concave glasses; but concave glasses leave the difference unaffected, and are only useful when fixed in diaphragms with very small central circular openings. These cut off light from the marginal parts, while the lenses correct the excessive refraction of the centre; but the plan fails in practice, because it cuts off too much light. The most hopeful surgical operation, as regards immediate optical effect, would be a displacement of the pupil as nearly as possible to the margin of the cornea, so as to bring the iris behind the central part, and thus to admit marginal rays alone. But a displacement sufficient to be useful would entail various risks, and fresh sources of defective sight. An iridectomy, as suggested long ago by Von Graefe, checks the progress of the malady by diminishing tension, but is useless optically, because it permits rays to pass through the centre as well as the margin. A diametral pupil by double iridodesis, as described by Mr. Bowman in the first and second volumes of the Ophthalmic Hospital Reports, is open to a similar objection. If the pupil be elongated vertically, and if the iris be drawn out sufficiently to render this vertical pupil quite narrow, it is plain that rays will no longer reach the retina through the lateral portions of the cornea, and the confusion of sight will be in some degree diminished. But the superior and inferior parts of the cornea will still transmit rays to the interior of the eye, and the difference between their refraction and that of the centre will be sufficient to maintain all the essential troubles consequent upon the malady. If, indeed, the diametral pupil, instead of being a narrow slit, is decidedly ovate, these troubles will be scarcely affected; and just in proportion to the narrowness of the pupil will be the risks, from which no incarcerated iris is wholly free, of future dangerous inflammation. On these grounds, Mr. Bowman's operation has fallen into disuse; and the fact that, in any case, diametral pupils had restored good vision, would appear to prove that the previous imperfection could not have been due to a difference between the refraction of the centre and that of the margins, but to a difference between the refraction of different meridians, or, in other words, to astigmatism. It is an open question whether incarceration of the iris would ever be justifiable in astigmatism; but it is evident that it might be very successful for a time, and from an optical point of view. I do not know the "metodo Botto," but I cannot conceive that the difference between iridodesis and irido-encleisis would in any way affect the result. It would be highly interesting, therefore, to know on what methods of examination, and on what optical tests, Mr. Haynes Walton founded his diagnosis of conicity.

The problem presented to the surgeon by the so-called conical, but really hyperboloid cornea, is of a threefold character. It is desired to check the further progress of the disease, to stop the entrance of light through the most highly-curved portion of the cornea, and then to place the pupil behind that portion of which the curvature is least altered. All these desiderata are attained by a method that was devised some two or three years ago by Von Graefe, and described in vol. xii. of the *Archiv für Ophthalmologie*. It has been practised with great success by the Professor himself, by Dr. Meyer, and by others, among whom I have operated upon three eyes with very good results. The method is founded upon the well-known facts that a perforating ulcer flattens the cornea during its healing, and leaves an opaque cicatrix behind it.

The patient being placed under chloroform, and the eye fixed, the surgeon makes a small flap with a very fine cataract knife at the centre of the cornea. The anterior chamber must not be penetrated, but only a portion of corneal tissue raised, and then cut off at its base with scissors, leaving an exposed surface a line or more in diameter. This surface is touched with a point of dilute nitrate of silver, at first very lightly and cautiously, and on every other day, but afterwards, if necessary, more freely and more frequently, until an ulcer surrounded by a halo of infiltration is produced. The anterior chamber is then perforated cautiously, through the centre of the base of the ulcer, with a blunt probe. The perforation is repeated daily for three or four days, and then the eye is bound up, and the ulcer allowed to heal. The result is the flattening of the excessive curvature, and the formation of a leucoma at the spot most affected. In some cases no other treatment is required, and the patient is at once enabled to see around the leucoma through the natural pupil. In others, displacement of the pupil is required. This is better done by a small iridectomy than by incarceration, and the place of the new pupil should be determined by a careful examination of the image of a candle flame as reflected from all parts of the cornea. The pupil will be comparatively useless if placed behind a part of the cornea that furnishes a very small or a distorted image.

The formation of the little flap is an operation of extreme delicacy, in consequence of the thinness of the central part of the cornea. If, in attempting to make the flap, the anterior chamber should be penetrated, the knife must be at once withdrawn, the eye closed, and further proceedings suspended until the wound has healed. The method will be found greatly to improve all eyes affected by conicity, and in many cases it will restore what is little less than normal vision.

Princes-street, Hanover-square, Feb. 1869.

ON THE BLISTER TREATMENT OF ACUTE RHEUMATISM.

BY HERBERT DAVIES, M.D. CANTAB.,
SENIOR PHYSICIAN TO THE LONDON HOSPITAL.

THE subject of the treatment of acute rheumatism is of such importance as to justify, I trust, my making a few observations upon the "Remarks on the Natural History of Rheumatic Fever," presented to the Royal Medical and Chirurgical Society, by Drs. Gull and Sutton, on Jan. 12th, 1869. In THE LANCET report of this communication I find the following statements:—"With regard to Dr. Herbert Davies' blister treatment, they remark that it very much relieves the pain and sufferings of the patients *in some cases*, but it does not appear to curtail the rheumatic process." And further: "It appears to us that there is not sufficient evidence to prove that any of the advocated systems of treatment have power to prevent the heart becoming diseased."

In contrast with these statements, I would beg to draw attention to the following passages from the "Clinical Histories" by Dr. Day, physician to the County Stafford Infirmary. "Although," he says, "so many especial remedies have been proposed for the treatment of acute rheumatism, and although without doubt they may each of them prove of service in properly selected cases, yet there is one that in my hands has never disappointed me in affording marked and almost immediate relief from those agonising articular pains which, with very few exceptions, are found to be present in acute rheumatic fever; and that remedy is the blistering method of Dr. Herbert Davies. Furthermore, I can fully endorse his opinion that where the remedy is made use of sufficiently early, and before any pericardial or endocardial symptoms are apparent, immunity from cardiac complications will be obtained. ..... In every case in which I have adopted it the relief from rheumatic pain has been beyond all doubt immediate, and for the most part permanent; and in no case have I seen supervention of pericardial or endocardial inflammation after the application of the blisters; so that, as far as I can judge, it seems to endue the patient with a sort of immunity from these complications." And lastly: "The effect upon the urine is very decided; for, however acid this secretion may have been before the blisters have been applied, it very speedily becomes after their application either neutral or alkaline, and this too in cases treated without the administration of any alkalies whatever." Again, in the Hospital Reports on the Treatment of Acute Rheumatism published in the *British Medical Journal* for Jan. 9th, 1869, it is stated that "at St. Thomas's Hospital Dr. Peacock has latterly employed blisters freely in such cases as admitted of their use; and provided several joints are affected, so that four, five, or six blisters can be applied at the same time, the beneficial effect is most striking; the local symptoms are very markedly and rapidly relieved, the constitutional disturbance is lessened, and the disease *cut short*; so that cardiac symptoms are prevented, or arrested if in process of development. He has not, except in very exceptional cases, relied wholly on the local treatment, but has added it to the constitutional measures which were previously in use, and the additional benefit gained is often most striking. It is applicable especially to the more intense cases of rheumatic fever, but is also very useful in those cases which are of such common occurrence where the disease develops itself in persons previously most reduced in health, and more particularly in persons who have previously had the disease, and often with cardiac complication. ..... At the Westminster Hospital, Dr. Fincham has employed the treatment by blisters for some time, and he is satisfied that by this plan the relief produced is very great, and the duration of the malady shortened. He is in the habit, however, as a rule, of combining it with alkalies in full doses."

I might readily refer to many other members of the medical profession who have given their testimony to the value of the blister treatment in acute rheumatism; and those who have had no experience of this method I would take the liberty of referring to my communication on this subject contained in the London Hospital Reports for 1864. I believe that the details of the cases there given *in extenso* will convince them that this plan of treatment not only *rapidly* and permanently removes the agonising pain of the affection, but, when employed early, greatly diminishes the risk of the supervention of cardiac complications. It will be observed, from the tables published, that a fall of temperature in the axilla rapidly follows upon the establishment of a full discharge of serum from the close proximity of the inflamed joints; and that on the reduction of the temperature of the blood ensue a corresponding diminution in the force and frequency of the pulse, the return of sleep, and speedy convalescence of the patient. To secure this result, the plan recommended must be carried out in its full integrity—*every joint inflamed* must be treated in the manner proposed. And I can truly assert, after an experience in the use of this method during a period of four years, that I have had no patients who have complained to me of the severity of the blister treatment. On the contrary, they have stated that their agonising pains commenced to disappear *as soon as the effects of the blisters were established*; and many, while expressing themselves grateful for the rapid relief obtained, have added that they would rather suffer the pain of forty blisters than undergo the terrible agony of a severe attack of acute rheumatism. It is evident, therefore, that my conclusions, founded upon practical experience, differ *toto cœlo* from those of Drs. Gull and Sutton. I believe that well-marked, undoubted cases of rheumatic fever are under the control of medical art; and having learnt the value of the blister treatment in this affection, I feel that I should be acting unjustly to my patients in adopting the expectant plan which the authors of the "Remarks" are disposed to advocate.

Finsbury-square, Jan. 30th, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prœmium.

HOSPITAL FOR CONSUMPTION, BROMPTON.

CASE OF PHTHISIS, WITH DICROTOUS PULSE; SUDDEN DEATH.

(Under the care of Dr. POWELL.)

THE practical interest of the following case lies in the relation shown to exist between the circulatory condition indicated by the dicrotous pulse and the sudden death of the patient.

James B——, aged forty-one, an assistant in a wine business, was admitted an out-patient on Feb. 5th, 1868. He was a tall, spare man, with a very nervous manner and anxious countenance. The pulse was quick, but regular.

History.—The patient had suffered from cough for one year, and from hoarseness for four months; but had been feeling decidedly ill for three weeks only. He had never had hæmoptysis. He complained of weakness, night sweats, some pain in the throat. Had led a rackety life, but had never had syphilis.

Physical signs.—On the right side dulness, with dry cavernous respiration; tonsils large; throat congested, with much mucous secretion and salivation.

He was treated with mineral acid and tincture of bark, and an astringent gargle.

Feb. 12th.—The patient's general condition much the same. He complained much of sleeplessness. Nervous manner, almost amounting to agitation, with much confusion and forgetfulness. Pulse rather quick, regular, dicrotous. There was no cardiac murmur. He was recommended to keep quiet, and some chlorodyne ordered at night.

19th.—Patient felt better in the morning before dressing, and went down-stairs to get some water. On returning he felt faint, and went to bed again, but almost immediately got up to go to the closet. He came back directly to his room, looking extremely ill, and died almost instantly.

Autopsy.—There was found excavation at the apex of the right lung, with tubercular deposit, and some congestion below. The left lung was consolidated at the apex. The heart was flabby; its right cavities distended with dark fluid blood; all the valves were healthy; there was slight atheromatous deposit in the aorta. The walls of the heart were thin and soft in texture, and proved on microscopical examination to be fatty.

Dr. Powell remarks: The dicrotous pulse shows (at least this is one of the inferences to be derived from it) that the relation between heart-force and systemic resistance is nearly one of balance, the onward current being very feeble, so that in any sudden effort the heart may fail, and fatal syncope ensue. The warning to the patient to keep at rest was not in this case given with sufficient emphasis, being rather intended to diminish the mental excitement than to give rest to the circulation. The extreme nervous agitation of manner was no doubt due to the precarious condition of the circulation in the brain, being analogous to that agitation which follows profuse loss of blood.

The case was of additional importance from the patient having insured his life.

LONDON HOSPITAL.

FRACTURE WITH DISPLACEMENT OF THE SPINE; REDUCTION BY PULLEYS.

(Under the care of Mr. MAUNDER.)

WE published in THE LANCET of January 23rd a case of dislocation of the spine with displacement, in which reduction was accomplished by means of pulleys. The case was treated in the Liverpool Southern Hospital, under the care of Dr. Wollaston. The following notes, which we have had by us for some time, and which were kindly supplied by Mr. M'Carthy, illustrate a case in which the same mode of treatment was adopted, but the issue of the case was not so satisfactory.

G. H——, aged twenty-one years, on Sept. 11th, 1865, was struck, while in a stooping posture, upon the loins, by a heavy block of wood, and was picked up paralysed below the hips. On examination, he had lost sensation and motion in his lower extremities; the upper part of the body was bathed in cold perspiration; his aspect anxious; manner excited; pulse 90, weak; the muscles of the arms twitching involuntarily. He complained chiefly of severe pains across the loins, shooting upwards thence. Opposite the first lumbar vertebra was a great prominence, the skin being stretched over it like the strings of a violin over its bridge. The patient being in great agony, Mr. Maunder determined to endeavour to relieve the extreme tension of parts and diminish pain by extension and reduction, as, if the cord had been torn across, the patient would be in no worse condition, and if it had not, the removal of the pressure would be a very considerable advantage gained. Chloroform having been given, the pulleys were applied to the lower extremities, and the shoulders held by a roller-towel to a post fixed in the ground. While extension was cautiously made, the hand of the surgeon pressed upon the projection, and presently, with a crepitating sensation, this disappeared almost completely, leaving only a small nodule displaced. After the operation the patient was entirely relieved from the severe lumbar pains, and in the course of a few hours he had recovered sensibility in the femoral region for about two inches below Poupart's ligament. Pulse stronger; there was retention of urine; restless towards night. Ordered forty minims of tincture of opium.

Sept. 12th.—Slept well; some pain in hypogastric region; countenance cheerful; recovered sensibility along the front and inner part of thigh to within three inches of knee-joint. At this point improvement in cutaneous sensibility ceased, and the bladder was gradually and seriously involved, becoming the seat of acute inflammation and of pain to the patient, of which he died on Sept. 26th.

At a post-mortem examination, the body of the first lumbar vertebra was found much broken, and a large piece of it, all but detached, had originally caused the protuberance in the back; the ligaments were greatly torn, and all the nerves, excepting one small one, were severed. The walls of the bladder were thickened and softened, readily breaking down when touched, and containing here and there small abscesses. All the other viscera healthy.

Provincial Hospital Reports.

SHEFFIELD PUBLIC HOSPITAL.

INCISED WOUND OF KNEE-JOINT; APPLICATION OF TOURNIQUET TO FEMORAL ARTERY; RECOVERY.

(Under the care of Mr. ARTHUR JACKSON.)

MR. A. BRIETZCKE, house-surgeon, has obliged us with a report of the following case:—

Joseph I——, aged thirty-two. At 3 P.M. on the day of admission, while engaged in grinding a large mincing knife, of a half-moon shape, the instrument suddenly slipped from his hand, and inflicted a severe incised wound about two inches long, into the left knee-joint, in a vertical direction, close to the inner side of the patella. He was brought to the hospital in a cab, but walked into the surgery, not being aware of the dangerous character of the injury. On close examination, a small quantity of oily matter, mixed with blood, could be seen escaping from the wound, which was gaping considerably. A single wire suture was used to bring the cut edges into apposition, and a small piece of lint, soaked in collodion, applied to prevent the entrance of air; the limb was then placed in a McIntyre splint, and the patient removed to bed. At 5 P.M., a horseshoe tourniquet was arranged, in order to diminish the flow of blood through the femoral artery. He was put upon milk diet, and a sedative solution of opium was given for the next two days.

August 6th (six days after admission).—Lint removed; wound looks almost the same as when the collodion was first applied, with the exception of some slight superficial purulent discharge at lower third. Tissues around slightly swollen, but there appears to be no fluid in the joint. Dr. Richardson's styptic colloid applied. Tourniquet slackened a little.

24th.—Slight blush around tourniquet, near the seat of pressure; smarting pain. Solution of nitrate of silver applied. Meat daily.

26th.—Erythematous blush decreasing; slight suppuration around wound. Water dressing applied; tourniquet removed. Slight abrasion over the seat of pressure.

On the 31st, there was a rigor lasting for two hours. Skin hot and dry. Temperature in axilla, 103·1° F. Pulse 140; dry tongue.

Sept. 1st.—Wound sloughy, gaping. No repetition of the rigor. No suppuration in the joint. After this the pulse and temperature gradually decreased, whilst he was taking plenty of beef-tea and stimulants.

6th. — Pus collecting in considerable quantity, probably in the joint.

13th.—Wound gradually healing. A clear yellowish fluid escapes on pressing above the joint.

20th.—Water-dressing to the wound. Patient much improved in health.

27th.—Splint removed. Patient feels well; wound cicatrising; joint a little enlarged, but movable to a certain extent without pain.

Oct. 3rd.—Allowed to get up and walk a little with the help of crutches.

6th.—Joint swollen and painful. To return to bed.

8th.—There was a sudden attack of diarrhœa. Ordered an aromatic mixture, with tincture of opium, after each liquid stool.

9th.—Patient in a low, weak, nervous state; white, tremulous tongue; aphthæ. A small circumscribed abscess has formed on the inner side of the joint, appearing like a simple bleb, quite superficial. On opening it a small quantity of pus was removed. Iron-and-quinine was now ordered.

26th.—Patient better. Joint painful and enlarged. Cod-liver oil, two drachms three times a day. Obscure deep fluctuation detected on the inner side of the knee, extending upwards above the joint; skin erythematous; pain on pressure.

29th.—A deep incision reached the abscess, and about two ounces of pus were removed. Still the joint was not opened. Poultice applied. The cicatrix where the former abscess was opened has now quite healed.

Nov. 20th.—Wounds healed. Slight movement in the joint.

Dec. 1st.—Knee strapped with soap plaster. Patient walks about on crutches. Knee slightly flexed, but capable of considerable movement. He can also put the foot to the ground.

4th.—Made an out-patient.

BRISTOL GENERAL HOSPITAL.

POISONING BY CONCENTRATED SULPHURIC ACID; RECOVERY.

(Under the care of Dr. FRIPP.)

JOHN C——, aged forty, was admitted on August 4th, 1868, at 7.30 A.M. He went to his work about five o'clock in the morning, being employed in a bone-manure manufactory. He had been at work a short time when, feeling thirsty, he drank by mistake from a stone bottle containing oil of vitriol of the concentrated form, such as is used for reducing the bones. His head being thrown well back in the act of drinking, he was involuntarily compelled to swallow a portion, but spat out instantly as much of the acid as possible. He states that he immediately ran to the water-tap, and drank profusely of water, feeling an intense pain and burning sensation down his gullet, and in his epigastrium. He vomited many times, the vomited matter effervescing on coming in contact with the dust. Presently a fellow-workman came to him, and with his assistance he walked to the hospital, a distance of about a mile. He then complained of great pain in the epigastrium, was vomiting a clearish fluid, and had a burning sensation in the mouth, fauces, and gullet. The skin on the upper and lower lips was scorched by the acid, and was of a reddish-brown colour. The mouth, tongue, lips, fauces, and pharynx, as far as could be seen, had a whitened and sodden appearance. There was not great difficulty in swallowing, nor did the respiration seem particularly impeded. Pulse 76; skin rather cold. Was in a great state of fright. At 9 P.M., the pulse was 88; there was not so much pain at the epigastrium, but more pain and difficulty in swallowing. Skin moist, and perspiring somewhat.

Aug. 5th.—Passed a fair night, pain and burning sensation continuing. No vomiting, but a very copious spitting of ropy saliva and mucus.

6th.—Going on well; bowels acted twice; stools natural in appearance. Pain in epigastrium diminishing; mouth shedding its mucous membrane.

Treatment.—On his arrival at the hospital, a large dose of bicarbonate of potash in solution was at once administered, which produced instant vomiting of a large quantity of fluid in a state of great effervescence. After a short time two teaspoonfuls of olive oil were given. He was put to bed with hot bottles to his feet. Ordered to have an egg beaten up with milk, and to take at short intervals milk and lime-water. Warm fomentations to his epigastric region. He was kept on milk diet for four days, when, from some family reasons, he left the hospital, although he was still very ill, and was fully warned of the risk he incurred by so doing. He, however, recovered completely.

Remarks.—It is certain that he must have swallowed a large mouthful of the concentrated acid; and though, under the circumstances, it is difficult to estimate exactly the quantity, yet, taking into consideration the position he was in, in the act of drinking, Dr. Fripp thinks he could not have swallowed less than half an ounce, and this, too, under the worst condition—viz., on an empty stomach. The soluble alkali seemed to neutralise at once a quantity of free acid, which previous frequent vomiting had failed to eject. Diluted solutions of the alkaline carbonates possess this advantage over the more insoluble ones, as magnesia: that, by reason of their solubility, they are brought into immediate contact with all parts of the stomach. And one apparent disadvantage, viz., rapid evolution of carbonic acid, is probably an advantage, for very rapid distension of the stomach with gas gives rise to immediate vomiting, which, in fact, occurred in this instance; and the possibility of rupture of an eroded stomach from distension is more than compensated for by the speedy neutralisation of such a corrosive as concentrated sulphuric acid.

Reviews and Notices of Books.

A Practical Treatise on Bright's Diseases of the Kidneys. By T. GRAINGER STEWART, M.D., F.R.S.E. Edinburgh: Adam and Charles Black. 1868.

MANY excellent works on Bright's Disease have been recently published; still we can scarcely have too many accurate descriptions of morbid appearances and carefully-reported cases, such as we find in the work before us, for these must always be instructive, and increase our knowledge of the malady, enabling us to distinguish its forms with greater precision at the bedside.

Dr. Stewart adopts a classification which, modified one way or another, is coming into general use, and divides Bright's disease into three forms—the inflammatory, the waxy or amyloid, and the cirrhotic or contracting form. In the treatment of the acute and earlier stages of the inflammatory form he strongly advocates the employment of diuretics, holding that the danger to life results from the occlusion of the tubules, and hence the best practice is to clear them out by a free stream of urine. In this, both as to the practice and its *rationale*, he agrees with Bennett and Dickinson. He is satisfied that, if the disorganised material is swept away, a new epithelium is formed; otherwise it is slowly absorbed, and, tubule by tubule, the organ atrophies. Hence he remarks that, even if it were possible to eliminate all the water and urinary ingredients by the bowels and skin, by doing so no ultimate gain would be effected, as the *fons et origo mali* would remain untouched.

Dr. Stewart's valuable observations on waxy degeneration of the kidneys, which have been already laid before the profession, constitute him an authority on the subject, so that the chapters devoted to the consideration of this disease will be read with much interest. With regard to its causation, his views are diametrically opposed to those of Dr. Dickinson. He believes that it is chiefly due to syphilis, and denies that it is caused by protracted suppuration, on the ground that he has never seen suppuration, independent of tuberculosis or caries and necrosis, lead to the disease. Be this as it may, it is a significant fact, shown by statistics, that phthisis with vomicæ, caries and necrosis, and other affections involving a long-continued drain of pus, are the antecedents of by far the largest number of cases of waxy degeneration of the kidneys.

Dr. Stewart does not regard the cirrhotic form of the disease as resulting from inflammatory action, but believes it to be due to a simple hypertrophy of the connective tissue of the organ.

In cases of indurated kidney consequent on heart disease, Dr. Stewart has found that the tubules were as much affected as the stroma, so that they cannot be regarded as instances of cirrhotic degeneration.

The two concluding chapters are on combined waxy and inflammatory, and on combined cirrhotic and inflammatory disease. There are also three interesting supplementary chapters on simple fatty degeneration, acute atrophy of the kidney co-existing with acute atrophy of the liver, and on the nature of waxy degeneration.

The work is illustrated with several plates of the microscopic appearances of the morbid textures, which are re-

markable for the clear conception they convey of the state of the parts, the result of an accurate delineation of nature and excellent engraving.

Researches on the intimate Structure of the Brain. Second Series. By J. LOCKHART CLARKE, F.R.S., &c.

WE have received and carefully perused the above pamphlet, which is an excerpt from the Philosophical Transactions for the past year; and we pronounce it instructive but tough reading. Mr. Lockhart Clarke is one of our most industrious and original workers; and we trust he will excuse us if we recommend him to bind up his numerous investigations, scattered through the pages of the Philosophical Transactions, into one portable and easily accessible volume. At present, Mr. Clarke is himself compelled, for the sake of perspicuity, to recapitulate in each paper much of what he has already accomplished; whilst to those living in the country his previous researches are altogether inaccessible, and we have ourselves experienced the inconvenience of being obliged to spend an afternoon at one or other of our libraries in consequence of the difficulty of obtaining the publication in which those researches originally appeared. In this respect Dr. Brown-Séquard has set Mr. Clarke a good example, as in the one volume of his Lectures all the principal views he holds are clearly set forth. By the way, why do not the authorities of one of our Colleges request Mr. Clarke to give a systematic course of Lectures on the Brain and Nervous System? It would entail little labour on the lecturer; it would, we are sure, be largely attended, and would reflect credit on the School or College at which they might be delivered.

It is impossible, in the space at our disposal, to do more than call attention to the value of this paper of Mr. Clarke, since it consists of the most carefully drawn-up details, none of which can well be separated from the context. We may, however, remark that it contains a most interesting description of the several nuclei of origin of the spinal accessory, the pneumogastric, and glosso-pharyngeal nerves, together with those of the sixth and seventh nerves. He shows that the root of the portio dura, after traversing the medulla and forming a horizontal loop with the sixth, also forms a bundle which almost constitutes the fasciculus teres of each side, and, descending vertically for some distance, curves forwards to become connected with the lower part of the nucleus common to it and the sixth. In the last part he enters into some interesting details of a physiological and pathological nature in reference to the cerebellum, corpora olivaria, and other parts.

Hooper's Physician's Vade-Mecum: a Manual of the Principles and Practice of Physic. Eighth Edition, Revised by WM. A. GUY, M.B. Cantab., F.R.S., and JOHN HARLEY M.D. Lond., F.L.S. 8vo, p. 704. London: Renshaw. 1869.

THIS book, intended to be in the largest sense of the word a practical work, has now appeared in its eighth edition; and that fact is ample evidence of its value. In the present edition, Dr. John Harley has been associated with Dr. Guy in the editing, and the value of the volume has thereby been much enhanced. Many original observations and practical remarks, embodying the experience of Dr. Harley, are contained in the second or therapeutic part of the work, which remains of all publications of similar size the most useful alike to practitioner and student.

SCARLATINA was fatal to 424 persons in Dublin last year, as compared with 259 in 1867, 109 in 1866, 100 in 1865, and 126 in 1864; the deaths, therefore, in 1868 exceeded the annual average of the four previous years by 275.

New Invention.

A SELF-ACTING PUNKAH.

DESCRIPTIONS of Indian life almost invariably contain some reference or other to punkah-pullers, and the dependence of the comfort of Europeans on their wakefulness. This need be the case no longer. We have recently had an opportunity of inspecting, at the United Service Institution, a very ingeniously-contrived apparatus, invented by Lieut. Turnbull, of the 6th Royals, by which the necessity for manual labour is abolished, while the ordinary movement of the punkah when pulled is admirably imitated. The motive power is obtained by the descent of a weight turning a horizontal shaft connected with a fly-wheel with four spokes. The required jerk is given to the linen punkah by having one of the spokes heavier than the others at the end next the nave. The apparatus is portable, packing into a box of very moderate dimensions. The fly-wheel will make 12,000 revolutions in twelve hours, and it is capable of going eight hours at a time, and is quite noiseless in action. It surpasses anything, therefore, that can be obtained from manual labour, and is vastly more economical. We are told that a large machine could be constructed capable of pulling about twenty punkahs at a time, and that its cost would not exceed £15.

We think Lieutenant Turnbull is to be congratulated on his very practical invention. For India and other warm climates it will prove invaluable for hospitals, barracks, and private houses; and it might be made available for purposes of ventilation.

MEDICAL TEACHERS' ASSOCIATION.

FRIDAY, JANUARY 29TH, 1869.

THIS meeting was an adjourned one for the purpose of considering specially Section VII. in the report, which had been laid before the previous meeting. The subject which was involved in the discussion was the position which general science should hold in medical education.

Amongst those present were Messrs. Campbell De Morgan, Christopher Heath, T. Holmes, Brodhurst, Rivington, and Drs. Sibson, Anstie, Langdon Down, Silver, Trimen, &c.

In the absence of the President (Sir William Jenner), Mr. De Morgan took the chair. The Chairman having explained the object of the meeting—to discuss whether it was advisable that botany and zoology should be struck out of the second examination,

Mr. HEATH rose to move the following resolution:—"That in Sec. VII. of Report, lines 6 and 7, instead of 'first common preliminary examination, which should include elementary chemistry, physics, and botany; second, in preliminary scientific education—that is, chemistry, physics, botany, and zoology of the present system, and also the rudiments of anatomy,' it is proposed to read, 'first common preliminary education which should include botany and elementary chemistry; second, in chemistry, physics, and the anatomy of the bones, ligaments, and muscles of the human body.'" He observed that, as it stood, the second examination corresponded closely with the preliminary scientific examination of the University of London, plus anatomy. As such, he argued, it would be too severe an examination for the student to be expected to pass at the end of his first year, as was intended. This was clear from the experience of the University of London. There only one-half of the students who pass the preliminary scientific examination do so at the end of their first year. Rather more than one-quarter pass at the end of the second year, and a small percentage pass at the end of the third, fourth, and even up to the seventh year of medical study. Of the total number who present themselves for that examination, taking the average of seven years, only 55 per cent. had succeeded in passing it; and those who presented them-

selves for examination were, on the whole, a class of medical students above the average of those who contented themselves with lower qualifications. Moreover, the effect on those who passed the examination was bad. It lengthened the course of medical study for a year; for, as a rule, the anatomical examination (1st M.B.) was rarely passed till the expiration of two years after the preliminary scientific examination. These facts were strikingly brought out in the report of the sub-committee appointed by Convocation to consider the working of the examination, who were further of opinion that it had tended to give prominence to theoretical knowledge at the expense of a sound practical acquaintance with medicine and surgery. It might be said that their examination would not be so high as that of the University of London; but it was difficult to control examiners, and it was better to take a moderate standard and adhere to it, than to make an impossible standard and have to be content with an approximation to it. The amount of science required for the first examination he considered much too high, since the subjects were to be learned in very few of the schools which would prepare the candidates. Physics, therefore, he proposed to confine to the second examination, in which it appeared in the present plan as well as in the first, since that subject could be best learned from the lectures of the professor of chemistry. Botany and elementary chemistry he did not propose to remove from the first examination, on the condition that only the elementary parts of botany should be required. He had specified the amount of anatomy, in order to ensure that the student should really dissect during his first year.

Mr. HOLMES, in seconding the resolution, observed that their first object was to make examinations thorough and practical, while the preliminary examination which had been sketched was impracticable, and its result would be that schools would spring up for the purpose of cramming; and the only effect would be to increase very much the quantity of useless knowledge, which would afterwards be soon forgotten. Such had ever been the effect of the preliminary examination for the Fellowship of the College of Surgeons, as he had frequently found. The smattering of languages, &c., which the candidates got up for that was, in a year or two, quite lost; and precisely similar would be the fate of the superficial knowledge of chemistry, physics, and botany, which would be ground into the students for the examination which had been proposed. He would even like to do away with that examination altogether, and simply ask the student to pass one in the English language, so as to ensure that all students should speak and write it correctly, as now a large proportion of students could not. Zoology and botany were quite unnecessary, except merely the physiological part of botany, which might be introduced into the lectures on physiology. To enforce such subjects as zoology or an extensive knowledge of botany, was to drive the men away from the real study of their profession, and to give to the public a delusive appearance of scientific examination which they could not make the student possess. They did not thus intend to cast any slur upon those branches of science, but merely to endeavour to ascertain how a practitioner could be best educated in a certain given time. The great point was to make practical work compulsory—practical anatomy, practical chemistry, and especially work in the wards of the hospital. The great defect of the present system was, that it bound men to the lecture-room without giving them time, or affording them a motive, for going into the wards of the hospital.

Dr. ANSTIE doubted whether a sufficient knowledge even of the physiological part of botany could be introduced into a course of physiological lectures, and regretted that the mental enrichment to be gained from its study should be lost.

Dr. SILVER thought it a fatal objection to Mr. Heath's motion, that physics was expunged from the first and placed in the second examination. The process should rather be reversed, and with it elementary chemistry and botany might well remain, and then in the second examination there would be chemistry without the physics and physiological botany.

Mr. RIVINGTON wished the proposition on the two examinations to be taken separately, and moved an amendment to that effect, which, after some conversation, was lost.

Dr. SIBSON advocated the study of physics as part of the medical, rather than of the preliminary, education. It would then be less likely to be forgotten before it was needed to understand the action of the internal organs. He, therefore, supported Mr. Heath's motion for transferring it to the second examination. At the same time, he attached very great importance to physiological botany, and he thought that if it was introduced into the physiological (third) examination, a distinct specification should be inserted to that effect.

Dr. TRIMEN, speaking as a teacher of botany, thought that Mr. Heath was putting too much upon the first examination. The science teaching in schools was a mere farce, and candidates for the first (preliminary) examination would only get those subjects up by a process of cramming. Anatomy, he thought, should not come into the second examination at all, which should be devoted entirely to pure science. In conclusion, he protested against any retrograde step in medical education.

Dr. LANGDON DOWN also deprecated any steps backward, especially since the chemists had now to undergo an examination in the subjects they were proposing partially to exclude. He thought it quite impracticable to include physiological botany under physiology, or the classification of plants under materia medica.

The CHAIRMAN observed that if botany were not specially taught in schools, to require a knowledge of it would tend to increase the system of cramming, a system by which the lads' minds were ruined for ever. If the students had to learn it before they commenced medical study, it would involve an extra half-year's preparation for the examination, and he feared that that would prove an obstacle to some who wished to enter the profession.

Mr. HEATH, in reply, observed that his proposition would meet the views of those who say that the schoolboy should not at once become a medical student, for he could with advantage spend the year between sixteen and seventeen in learning the rudiments of chemistry and botany, as well as in keeping up his classics, &c. Then the student need not be taken off his *bonâ-fide* medical studies to learn botany; and having already that groundwork it would, he thought, be easy to the lecturers on physiology and materia medica to include enough botany in their lectures to serve their object. Finally, he reminded the meeting that they were proposing to legislate not for the men who desire a high qualification, but for those who want the lowest they can obtain.

The CHAIRMAN then put the motion, which was carried by a considerable majority.

On the proposition of Dr. ANSTIE, it was then agreed that after the word "physiology," in the scheme of the third examination, should be added, "including the necessary illustrative portions of physiological botany and zoology."

Dr. SIBSON then proposed that the report should be printed and circulated as widely as possible, which was agreed to.

This concluded the business of the meeting.

MR. SYME'S REPLY TO DR. BENNETT.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Bennett, it is hardly necessary to say that I never characterised "microscopes and ophthalmoscopes" as physiological toys. What I have said is, that this title seemed applicable, not to these most valuable instruments, but to those which, instead of promoting the progress of science, simply demonstrated certain ascertained physiological facts. As to the dissection of living animals, I have always expressed the opinion that it was warranted for scientific investigation, but not for merely exhibiting the results so obtained. In regard to clinical surgery, I have taught it in the way that appeared to me most useful, and my pupils have never complained of their instruction. During the last twenty-six years there has been no alteration whatever in the mode of conducting my lectures.

I am, Sir, &c.,

Edinburgh, Jan. 30th, 1869. JAMES SYME.

THE Leeds Hospital for Women and Children has received a legacy of £100 left by the late Mr. William Rayner, of Horbury.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 6, 1869.

THE admirable article which appeared in *The Times* of the 30th ult., upon the subject of London Hospitals and Dispensaries, will have been read by the medical profession with feelings of the greatest satisfaction. There will, doubtless, be differences of opinion respecting the practicability of some of the suggestions for reform which it contains, and the existence of these will act as a spur to the careful consideration and discussion of the question. But there will be, we are sure, a unanimous feeling of grateful acknowledgment to the journal which has pictured so lucidly the existing defects in the application of the funds contributed by the benevolent towards the relief of sickness amongst the poor of London. It was fitting that the leading journal should devote attention to this matter, and that the public should learn the practical lesson that money subscribed to an hospital is not always money well applied. The enormous increase of gratuitous medical assistance which has taken place during the last few years, and still proceeds, is threatening, unless it be checked, to bring about a millennium which will be signalised by starving doctors contesting for the privilege of attending pauperised patients. Already it is computed that upwards of 1,800,000 persons, or about four-sevenths of the whole London population, received gratuitous attendance from medical institutions in the course of a single year. The interest of this subject to the public lies in the fact that the unintelligent distribution of funds for the relief of sickness is constantly tending to the increase of pauperism, to the encouragement of pretence and charlatanry on the part of the adventurous, and to the destruction of medical science. The interest to members of the profession is more simple. It concerns their actual existence upon the face of the earth.

In its discriminating criticism upon the establishment of "special" hospitals, *The Times* has described the mode of origin, the method of support, and the wrong to medical education which are inseparable from most of these institutions. It adds that they supply, wastefully and imperfectly, but still supply, a want that the managers of general hospitals have neglected, and that the waste and imperfection are chargeable at the doors of the latter. Would that we could entirely rebut this grave charge! But to deny the large measure of truth which it contains would be to unsay what we have over and over again said in the columns of this journal. There are other causes, however, which have been in operation, and these should certainly bear their fair share of responsibility in the propagation of a very evident evil. In their support of so-called special institutions, the public has been misled by two very evident errors which its imperfect conception of the progress of medical science has tended to foster. The first of these errors depends for its existence upon the fact that there has been of late years a rapid increase of invention in the construction of instruments having for their object the investigation of diseased tissues and organs. The public, perhaps not unnaturally, has on this account conceived the idea that the profession day by day is more inclined to divide the body into minute portions, each to be considered from its own peculiar point of view. In addressing skilled readers, it is unnecessary to say how very far this view is from the truth. As science progresses, and as the necessary division of labour attracts workers in various directions, it becomes more and more a fact of every-day experience that the organs of the body bear to each other a striking relation in their intimate structure, and that the perversions of health which *appear* to belong to each are but manifestations of disease affecting the whole frame. Whilst "special" working is daily becoming more common, the conviction that the body as a whole is the proper recipient of treatment is hourly becoming more evident. The knowledge that there are hereditary peculiarities, which may fall sometimes upon one organ and sometimes upon another, may fairly be stated as a vital fact connected with the subject of organic disease which is perfectly appreciated at the present time. It is this hereditary peculiarity, the gradual growth, perhaps, of generations, which entails suffering in a family, and which, in one instance, may manifest itself in the lungs, in another in the liver, kidneys, or brain. The special workers—we mean the really scientific workers,—taking as their object a particular organ, bring their combined results of exploration to prove this. They see and show that it is certain tissues which manifest changes rather than that certain organs (considered, as the public views them, in the light of separate entities) are the abodes of passing derangements. And as our intimate knowledge of structure increases, we more and more vividly recognise how impossible it is to treat disease fairly at all, except as a pathological condition of the whole body. Such considerations as these, be it remembered, say nothing against special working. On the contrary, it is from the laborious investigations of single tissues and single organs that our view of disease has become thus broad and general. But, bearing in mind these facts, is it not intolerable that recently-fledged practitioners of medicine, or older members of the profession who have failed in their career, should at once pander to the public appetite, and fill their purses by singling out organs, and pretending to the possession of "special" means for treating those parts of a diseased whole? We need only allude very briefly to the second error upon which the support of these institutions is founded. The public delights in diagnosing its own diseases. "My liver is out of order," "It is all stomach," "I've a relaxed throat," "There is something wrong with my kidneys,"—such are the expressions which come hourly to us from persons who would save us from all trouble but that of Latin composition. And this part of the public thinks it hard that the poor man cannot enjoy the same luxury—that he cannot indulge in the pleasure of diagnosing his own case, and then selecting a doctor to obey his behests. And so, when some utterly unknown man sticks up a signboard over a front parlour,

announcing that diseases of the uvula, or eyelashes, or wisdom teeth, are particularly attended to in this "hospital," forthwith the subscriptions flow in, patients are immediately forthcoming, and the doctor is speedily talked about as "very clever" for this or that! It is surely difficult for any reasonable person to reflect upon such a state of things with patience. It is simply saddening to us, who know of the weary hours, the consumed energies, the terribly shortened lives, of many arduous workers in the field of science. These are the disinterested toilers after truth who starve, whilst others utterly unworthy to be reckoned in the same category, whether for ability to diagnose or power to treat disease, pass on in triumph, to the sound of popular penny trumpets.

In justice to the general hospitals, we must take exception to the tone in which *The Times* occasionally speaks of them, and of their efforts towards progress. After showing that the establishment of special institutions has arisen in no small measure out of the neglect of wants in the large hospitals, it goes on to say:—"A sort of rudimentary attempt at the required division of labour has during the last few years been making progress in the great hospitals. We refer to the so-called special departments for eye, ear, or skin disease, and also for the diseases of women." This does not convey a perfectly fair idea of the arrangements which have been made, and which are now in working order, in the large majority of the great hospitals. The following list will show that the attempt is something more than "rudimentary," and that the managers of hospitals have become alive, tardily we acknowledge, to the necessity of setting their houses in order:—

At *St. Bartholomew's Hospital* there are 650 beds, of which 403 are allotted to surgical, including ophthalmic, orthopædic, aural, and syphilitic, cases, and 247 to medical cases, and diseases of women and children. Special attention is given to diseases of the ear on Mondays; diseases of the eye are attended to on Wednesdays and Saturdays; and a day is besides set apart for the use of the ophthalmoscope. Skin diseases are treated on two days of the week.

At *Charing-cross Hospital* there is a special department for diseases of the skin, and patients are seen twice a week. There is a ward for children, and beds for diseases of women. The laryngoscope is in constant use.

At *St. George's Hospital* persons labouring under diseases of the eye are seen twice a week as out-patients, and two wards are reserved for cases of greater severity. Special instruction is also given in orthopædic surgery, and practical demonstrations from patients labouring under skin diseases by the lecturer in medicine. A ward is devoted to the reception of women suffering from diseases peculiar to the sex, under the superintendence of the obstetric physician.

At *Guy's Hospital*, 30 beds are devoted to diseases of the eye, and there is a room appropriated to the use of the ophthalmoscope. The hospital contains also wards devoted to medical, surgical, uterine, and syphilitic diseases. Diseases of the ear and of the skin are also specially treated.

At *King's College Hospital* there is a special ward for diseases of women and children, and another for young children. There are beds for cases of eye disease, and regular days set apart for the reception and treatment of such cases. Diseases of the throat receive attention every Wednesday; diseases of the skin every Friday. A clinical demonstration is also given in skin diseases every alternate Tuesday.

At the *London Hospital* diseases of the eye are seen twice a week, and there are wards for the reception of cases; diseases of the ear, and those of the skin, each once a week. The medical officers of each department are chosen from the members of the staff, and elected for one year only. They are eligible for re-election.

At *St. Mary's Hospital* there is special instruction in diseases of the eye, ear, throat, and skin on certain days set apart for the purpose. There is a special ward for women's diseases, and one for young children will shortly be opened.

At the *Middlesex Hospital* again there is a department for diseases of the eye, with special instruction in the ophthalmoscope, instruction in skin diseases, and two separate wards for syphilitic diseases, besides special instruction in throat diseases and in auscultation.

At *St. Thomas's Hospital* diseases of the eye and other organs receive special attention in departments allotted to them, and cases of skin diseases have their appointed days.

At *University College Hospital* there are beds for diseases of women and children, and out-patients are seen twice a week. For eye cases there are beds, and out-patients are seen three times a week. An ophthalmoscope room is provided. Cases of skin disease and affections of the ear are seen on certain days. The laryngoscope is demonstrated.

At the *Westminster Hospital* there is special instruction in diseases of the eye, ear, &c.

We have but glanced here at the special departments in our general hospitals, our space not permitting of a detailed account of the arrangements. It will be sufficiently evident, however, from this list that every endeavour is made to embrace at these institutions all varieties of disease. There are two manifest advantages connected with the attendance of these cases at the general hospitals. In the first place, the patient, after being examined as an out-patient, is referred by the medical officer to the special department in which he may most appropriately receive attention. He does not diagnose his disease for himself. In the second place, the students, having under their eyes cases of every kind, are saved the enormous trouble, amounting indeed to an impossibility, of seeking out experience in various disorders in institutions scattered throughout the metropolis.

It is remarked by *The Times*, when considering the objections to the special departments, that the gentlemen holding the appointments are specialists, with no duties outside of their several departments. This is certainly true as regards obstetrics, but it is by universal consent that this subject has been delegated to special hands, and the general hospitals are not answerable for the creation or perpetuation of this specialty. So also with disease of the eye. But apart from these two subjects we do not find that the charge is founded on fact. In ten out of the eleven school hospitals there is a department for diseases of the skin; in nine of these the gentleman in charge has no claim or desire to be regarded as a specialist. He is an assistant-physician to

the hospital, practising medicine in its various phases, or an assistant-surgeon engaged in surgical practice. We may almost repeat the words in reference to throat ailments. In one hospital only has a "throat doctor" the charge of this department. In one hospital only are diseases of the ear treated by a specialist. The suggestion is made that the doctors should deal with all sorts of cases in turn. This plan has been already followed out in some of the hospitals. But it is difficult to see that it can ever be practicable to any great extent. It is not to be expected that the gentleman who has been operating for squint, or cutting out pieces of the iris for six months will demonstrate the mammary signs of pregnancy with any degree of pleasure to himself, or satisfaction to his audience. More than the proverbial "hatful of eyes" would have to be spoilt if the obstetric physician were suddenly required to drop the long forceps and take up Beer's knife. Yet these are the only two subjects deputed to specialist hands. In all the others there is a certain amount of interchange. Apollo is not always stretching his bow, nor does the gentleman in charge of skins spend his whole existence in inspecting them. He uses the laryngoscope occasionally, the stethoscope constantly, and if he found that the auriscope was apt to show him anything much more important than cerumen, he would probably employ that instrument more frequently than he does.

We pass from this portion of the article, and come upon the suggestion to increase very largely the staff attached to each great hospital. It was suggested also that each patient applying to an hospital should make some payment. A shilling from each would amount to an annual sum of £67,940—enough, *The Times* remarks, to pay 679 assistant physicians and surgeons £100 a year. "Such a stipend, with honourable position, with great advantages in the way of experience, and *with the hope of promotion* [the italics are ours], would attract young men of the highest class." This is perfectly true. But how about those who are not promoted? If the general hospitals should number 23, and the assistant officers 679 (as indicated in the article), we should have an average of about 29 aspirants for promotion at each school, and the senior officers would entertain a justifiable apprehension as regards their personal safety. The day may come—probably will come—when such an arrangement would be fraught with no inconvenience; but at the present time, and under existing circumstances, the scheme suggests to our minds a terrible accession of that genteel poverty which already forms so painful a feature in the condition of our profession. The hospital assistant-physician, with £100 a year, would find it hard enough to live even at the present time, when his competitors, thanks to the extreme smallness of the staffs, are exceedingly few. What would it be if the struggle for existence were extended amongst hundreds, where tens now fail to find their bread? The matter is far too wide and deep to be settled by a poll upon out-patients. It is intimately mixed up with the administration of the Poor Law on the one hand, and the improvidence of the artisan on the other. We must take other opportunities of discussing at length the whole question. We have ourselves a strong and growing conviction, which may be thus expressed in the most general terms. Very poor persons must receive gratuitous assistance in time of sickness, the State providing it, and the medical men who furnish it being adequately paid. To effect this there must be general hospitals in sufficient numbers, and these would undertake the whole charge of the sick poor, a portion of which is so inefficiently managed at present by the Poor-law Board. Persons in work, but of very moderate means, must keep up an insurance against sickness by which, in time of need, good and properly remunerated medical assistance would be forthcoming. The medical profession must cease to squander their energies and lives in ministering gratuitously, as they now do, to more than half the population of London.

A CIRCULAR issued by the Howard Association, to which we briefly referred last week, calls attention opportunely to the notorious defects in the present state of the law with regard to criminal lunacy, and prays for the appointment of a Royal Commission of inquiry. The subject is also engaging the earnest consideration of a Committee of the Medico-Psychological Association. We have repeatedly pointed out how entirely inconsistent with our present knowledge of mental diseases are certain leading principles which are accepted and applied in the administration of justice. The metaphysical test of mental capacity, founded on a knowledge of right and wrong, or of good and evil, which is applied in criminal cases, has originated in opinions regarding mental disease which are now obsolete, and is condemned with one voice by all those who, in this country and other countries, have practical knowledge of insanity and the modern method of its treatment. Indeed, the practicability and success of the modern humane treatment of the insane are based on the existence of a knowledge of right and wrong in the great majority of them; only those who are completely frenzical or fatuous can be truly pronounced destitute of such knowledge. And it is no exaggeration to say that if the unjust and inhumane legal dictum were stringently applied, as many as nine out of ten lunatics in asylums would have to be hanged in the event of their committing murder. There is, in regard to this most vital point, a direct antagonism between advancing medical science and the law which has descended to us from the time of the witch-burning Sir M. HALE; and the antagonism will never cease until the legal dictum has gone, as it must inevitably some time go, the way of the dicta under which poor old women were burnt as witches.

The legal criterion of responsibility which is applied in cases of insanity is, however, but a part of what a Royal Commission might properly inquire into. It cannot be denied that the way in which scientific evidence is procured and taken in courts of justice, in cases where the question of mental incapacity arises, often brings medical science into discredit, and is very ill adapted to elicit the truth, and to further the ends of justice. When it is remembered that there are many scientific and technical matters the knowledge of which demands a special and protracted education, and that the evidence with regard to them is presented to the court, not in an impartial and complete manner, but as evidence specially retained for the prosecution or the defence, it is impossible to believe that the

jury can be instructed to the requisite point within the short period of the trial. The acquittal of a person of crime on the ground of insanity, or the invalidation of his acts on the ground of incapacity, involves the determination of the degree and kind of bodily disease which exists, and of the amount of mental incapacity produced by it; and these are assuredly not questions to be decided justly without some special knowledge of bodily and mental disease. The incompetency of a court, as ordinarily constituted, is indeed practically recognised in a class of cases known as the Admiralty cases, where the judge is assisted by assessors of competent skill and knowledge in the technical matters under consideration. It will hardly be denied, we presume, that a shipwreck or a collision at sea is a fact much more within the range of ordinary, unskilled knowledge than the diagnosis of cerebral disease where insanity exists. How strangely inconsistent, then, that in the one case the court should have the advantage of special and impartial help, and that in the other it should be left, without assistance, to be misled by the superior forensic skill of the prosecution or the defence. It would be a fitting inquiry for a Royal Commission whether a method of correcting the present practice in the trial of intricate scientific questions might not be founded on the principle adopted in the trial of Admiralty cases.

Lastly, there is good reason to believe that an examination might be advantageously instituted into the relations between crime and mental disease or defect. Only those who, as prison surgeons, see much of the criminal classes, realise what an amount of epilepsy and mental defect there is among them. The "Judicial Statistics" of 1867–68 show that, out of 1244 criminal lunatics under detention, as many as 799 were found, or became, insane after sentence; and Mr. BRUCE THOMSON, surgeon of the General Prison of Scotland, has stated his conviction that 1 out of every 9 prisoners who come under his care is more or less insane, and that 1 out of every 140 becomes irresponsibly so. He believes that many crimes are committed by epileptic criminals when they are unconscious and irresponsible for their acts. From a census of the prisoners in English Convict Prisons on the 31st of March, 1862, it appears that 1 in every 25 males was of weak mind, insane, or epileptic; this being the residue so afflicted after the elimination of such prisoners as had, at different times, been transferred to lunatic asylums. Much more evidence of a like kind might be adduced, were it necessary, in justification of the recommendation, made by the recent Capital Punishment Commission, that "further investigation" of the whole subject of criminal lunacy should be made.

It is notoriously a very hard matter, and a very tedious process, to get rid of abuses in this country. Until an evil, coming to a head in a startling manner, has strongly excited popular feeling, or until some persevering philanthropic individual or association has aroused popular sympathy, and obtained a hearing, nothing is done; and then it too often happens that what is done is but a tinkering of the most immediately pressing trouble. An Act of Parliament is passed which may before long require an Act to amend it, and that probably, after a time, an Act to amend it. The distressing symptom is meanwhile alleviated, and the public mind is quieted with the conviction that it has carried through some very beneficial legislation. We trust, however, that this may not be the course of action pursued in regard to criminal lunacy, but that, if anything be done in the matter, a searching and comprehensive inquiry may be made, with a view to the entire revision of the existing system of criminal jurisprudence in its relation to insanity.

IN the last few numbers of the *Revue des Cours Scientifiques* is contained an interesting paper by M. BOUCHARDAT on the causes of Diabetes, or, as he terms it, of Glycosuria. M. BOUCHARDAT is well known as having many years ago instituted, in conjunction with M. SANDRAS, experiments bearing on the digestion of amylaceous compounds, and he has obtained a high reputation for his skill in the treatment of cases of the disease under notice. M. BOUCHARDAT'S views in respect of the digestion of starchy compounds are, briefly, that he believes they are converted into dextrine and glycose in the alimentary canal through the agency of the pancreatic juice; that these substances, with the pancreatic ferment, are absorbed, and transmitted to the liver, which acts as a moderator; and that the glycose, dextrine, and ferment are gradually poured into the blood, where the action of the ferment on the dextrine is continued and completed. Under ordinary circumstances the amount of glycose present at any one time does not exceed the amount that can be retained in the vessels, and can be oxidised by the ordinary acts of respiration. But in the diabetic or glycosuric patient there is—and this is an essential fact in the pathogeny of the disease—an excess of glycose in the blood; and as soon as this surpasses a certain small amount, it immediately osmoses through the vessels, and makes its appearance in the urine. Now, the causes which may lead to the presence of an excess of glycose in the blood are twofold. On the one hand, there may be excess of production in a given time; or on the other, with normal production, there may be deficient destruction or oxidation; and generally it may be said that both conditions are present. He proceeds to show that the chief circumstances leading to an excess of production are not only, as is now generally admitted, the ingestion of large quantities of amylaceous food, but, secondly, a rapid and excessive conversion of this into glycose, due partly to hyper-secretion of the pancreatic juice, partly to an extraordinary activity of the ferment this juice contains, and partly to the stomach taking on a perverted action, by virtue of which it secretes a fluid containing a ferment analogous to that of the pancreas, that is capable of effecting the conversion of starch into glycose. More frequently, however, the excess of glycose in the blood results from incomplete oxidation of that which is normally present; and this may result from various circumstances, amongst which the following may be enumerated:—1. Insufficient exercise, the influence of which has engaged the attention of but few observers, though he is himself disposed to rank occupations of a sedentary nature as amongst the most potent predisposing causes of the disease, being most influential when coincident with a highly farinaceous diet. 2. Strong mental disturbance, whether of a depressing or of an exciting cha-

racter; thus he has noticed the loss of a child, in more instances than one, induce an attack of the disease, whilst relapses are not infrequent in diabetics who have given way to violent passion. The deleterious influence of sexual excess may be included under the same head. He has rarely noticed it as an accompaniment of hemiplegia or paraplegia. Gout and rheumatism, on the other hand, have in his practice been frequent complications, the malady in such cases resulting from surcharge of the system with calorifacient material, whilst the presence of an excess of uric acid diminishes the conditions favourable to the oxidation of the glycose. The occurrence of diabetes as a result of exposure to cold, and as a complication in phthisis, bronchitis, and asthma, which is not uncommon, may, in like manner, be explained on the principle of insufficient oxidation. The enlargement of the liver and of the stomach often met with in diabetics he regards as induced merely by excessive alimentation and defective exercise. As regards hereditary transmission, he finds that whilst he has very rarely observed any sugar in the urine of the children of his patients, it is not uncommon in brothers, which is attributable either to a predisposition common to both, or perhaps to similarity of habits, diet, &c. As M. BOUCHARDAT has been freely consulted by Russians, Swedes, Englishmen, and Spaniards, he is little disposed to assign any influence to climatic conditions, except that exposure to cold and damp aggravates the symptoms of the disease. The rarity with which women are diabetic is remarkable, when it is remembered that the presence of sugar in the urine is constant, as M. BLOT and M. LECOCQ have shown, in women in the puerperal state and when nursing, and in one-half of all pregnant women. Diabetic women, however, rarely or never become *enceinte*. The rarity of diabetes in infants he attributes to the activity of their respiration. Finally, he notices that whilst those pursuing regular out-door avocations seldom suffer from diabetes, the disease is especially liable to occur in all those who, putting forth great mental exertion and leading a sedentary life, are yet in easy circumstances, keep a good table and eat largely, rapidly, and without due mastication. To so great an extent does this hold, that he believes, out of twenty men of from forty to sixty years of age, belonging to the legislative assemblies or to learned societies, or who occupy distinguished positions in commerce or in finance, or even in the army, *one* is sure to contain sugar in his urine.

IT is a great pity that a famous saying often becomes so hackneyed that one is more than half ashamed to quote it; but at any risk we cannot help reviving the well-worn "Timeo Danaos et dona ferentes" when we reflect on the manœuvres of the retrograde party at the College of Physicians. A more complete breach of faith has rarely been seen than the action taken by Dr. FRANCIS HAWKINS and his friends at the recent Comitia, when the new bye-law respecting nomination to the Fellowship came on for enactment the second time. It was with an almost unctuous fervour, an almost servile profession of a desire to meet the wishes of the Liberal party in the College, that the gentlemen in question consented, on a former occasion, to the new bye-law which Dr. C. J. B. WILLIAMS brought in, with the slight modification that Dr. STEWART suggested. The object of Dr. WILLIAMS's proposal was to allow any two Fellows to suggest the name of any Member (of a certain standing) to the Council for nomination as a Fellow; the object of Dr. STEWART's proviso was to forbid the Member to personally solicit any Fellow to do this. With an audacity that really takes one's breath away, the Conservative party now maintain that the intention of Dr. STEWART's "solicitation clause" was to prevent any expression of opinion by Fellows to members of the Council, except in the shape of the formal written application. They want to be free from any "pressure," they say. But it was expressly decided by the whole tone of the debate at the former Comitia, when the new bye-law was passed for the first time, that the Council ought not to, and in future would not, refuse to listen to any proper arguments which might be urged in favour of any Member's nomination by Fellows outside their own body; and the form of written application was rather a precaution to facilitate the presentation of such arguments to the whole of the Council than a prohibition of private recommendations of the candidate to individual members of that body. There is no just reason why such applications should be forbidden, or why the members of Council should be relieved of the responsibility of declining to accede to them if they are based on inadequate or irrelevant grounds. What is more, it is in truth impossible altogether to prevent such communications of opinion from being made, and it is a farce to try to do so. It is enough if the College forbids its Members themselves to solicit any Fellow to apply to the Council on their behalf; the enactment of such a rule will enable the Fellows at once to repulse applications from pushing persons who are determined to win distinction, not by merit but by impudence, while modest men of industry and talent may entertain a reasonable confidence that they will not be passed over in neglect. It is certain that this was the intention of Dr. STEWART, the framer of the proviso against "solicitation," and the gloss which the Conservative party are now putting on that word, with a view altogether to prevent the Fellows from speaking their minds freely to each other, and to the members of the Council, about the merits of particular candidates, is totally unjustified.

Under the actual circumstances it is, perhaps, fortunate that the decision upon the whole question must be delayed. It happens that a flaw in the formalities of procedure has made null and void the whole proceedings so far; and it is now left to the Council to frame a bye-law which shall embody the sense of Dr. WILLIAMS's original motion in language which shall be free from any technical flaw. The subject must come on again for consideration at some early period, and we trust that the Liberal party in the College will by that time have fully recognised the importance of defeating the manœuvre that has been unfairly attempted by the opponents of progress, and which, in fact, is an effort to re-establish, by a side wind, those very traditions of secrecy and mystery as to the acts of the Council which were the source of all the worst abuses for which the College was formerly notorious.

Medical Annotations.

"Ne quid nimis."

THE MEMORIAL TO THE LATE DR. MARSHALL HALL.

IF anything were wanting to justify the proposal first suggested in our columns of the propriety of founding a scholarship, or taking other measures to commemorate the genius and labours of the late Dr. Marshall Hall, it will be found in the character and proceedings of the meeting for the furtherance of this object, of which a detailed report will be found on another page. Whether we regard the speakers and their ability to estimate the value of the labours of Dr. Marshall Hall, or their speeches, or their various reputation, we must consider the meeting in Berners-street as most interesting and influential. However just posthumous verdicts on merit may be, they are apt not to be forthcoming. If a man's claims are not recognised while he is alive, or a short time after his death, the chances are that they will remain unrecognised. Certainly, to be realised ten or twelve years after implies unmistakable merit. Death is the end of most men's reputation. Not so with a few men; death and the lapse of a few years are essential to a just appreciation of their services to science. "If you value your peace, do not make a discovery," Dr. Hall used sometimes to say to his friends. He got very little peace from, and very little credit for, his discoveries while he lived. The Royal Society rejected his papers. With very few exceptions, the medical press waged war against Dr. Hall's theories, and denounced them as either old, fanciful, or false. And yet, on Friday last, physiologists like Mr. Bowman, physicians like Sir Thomas Watson, Dr. Burrows, and Dr. Gull, surgeons like Mr. Solly and Mr. Curling, specialists and general practitioners, men of the last generation and of this, combined to say that Dr. Marshall Hall's discoveries were true discoveries of the very highest practical importance, and that in so long leaving them unrecognised we have done no credit to ourselves. Better late than never. We shall make amends at last, and if there is anything in an auspicious beginning, we shall do something to convince scientific labourers that sooner or later they will be acknowledged. The speeches at the meeting will well repay perusal, and we are glad to place them before our readers in full.

The leaders of the profession have done their part. It is now for the rank and file to do theirs. And there can be little fear of the result. We are glad to see a few larger subscriptions; but what will chiefly gratify us and the surviving friends of him whom we propose to honour is, that by numerous smaller subscriptions from all parts of the country a fit memorial may be raised. Dr. Hall was a man of the most varied relations. The continent honoured him when his countrymen were withholding honour. Professor Müller inserted in his *Archives* the paper which the Royal Society rejected. Men like Flourens and Louis expressed the highest admiration of his labours. It is a peculiarity of those labours that they had reference to practice, so that every practitioner feels a sense of obligation. Witness, as Dr. Burrows suggests, Dr. Hall's rules for bloodletting; or, what in our opinion is amongst his highest and best work, his description of the hydrocephaloid affection of children; or the various practice suggested by the reflex or excito-motor theory.

We sincerely trust that the whole profession will unite in doing honour to the memory of Marshall Hall. Edinburgh and Dublin anticipated London in the display of their interest in the movement. They will only be further stimulated by the earnest way in which London has taken the matter up. The provinces have the honour of having originated it, so that it can scarcely fail of success.

It will be seen that the meeting wisely did not commit itself to any definite form of memorial. This may safely be left to the Executive Committee, which will represent various schools and the principal towns. We confess that our preference is for an open scholarship, that would be an object of interest to men of all schools. But we willingly leave the details with the committee; only let the profession see that by numerous subscriptions the result is creditable to itself, and encouraging to original and scientific men.

NAVAL MEDICAL DEPARTMENT.

WE noticed last week rumours prevalent of a contemplated depreciation of the medical profession in the navy, by the abolition of the office of Medical Director-General, and placing the duties of the branch, together with those of victualling, under the control of an executive naval officer.

Our comments on these rumours conveyed the indignation with which such changes would be received by the profession; and we expressed a hope that Mr. Childers, guided by his practical knowledge of the official working of naval affairs, would not sanction any changes tending to remove still further from himself, as the responsible Minister, the representative of the department charged professionally with the guardianship of the health of the navy.

Mr. Childers has made a great step in those principles which ardent naval reformers have long sought to establish by bringing into the Board the Controller of the Navy, who is the really responsible officer for the adaptation of the *matérial* of the navy—its ships—to the wants of the nation. Another step is necessary to satisfy the public that the persons of seamen are thought as much of as the iron and wood they go afloat in. This can only be effected by raising the medical affairs of the service above the tutelage of an executive Lord of the Admiralty, by making the medical chief of the department, like the Controller of the Navy, responsible, as a consulting member of the Board, for all that concerns health and the prevention and cure of disease among the officers and men. We feel assured that the increase of our profession in the House of Commons will enforce this reform, if not previously conceded, in the public services, in spite of any temporary drawbacks, which will serve only to create a stronger onward pressure.

We certainly have not credited the report of the reduction of the emoluments of the office, which we regarded as very small for an officer who should be able to maintain at least a second-rate professional status, as it seemed improbable that it would be done at the moment when an increase is afforded to the salaries of the Lords of the Admiralty themselves and to that of the Chief Constructor.

It is pleasing, however, to find it announced in *The Times* that there is no truth in the statement of the intention to place the medical department under a closer executive superintendence; and, therefore, we shall hope to see an early announcement of the name of the medical officer who is to succeed Dr. Bryson in the post of Medical Director-General. We cannot, therefore, omit to reiterate, in the very strongest terms, the claims which Sir David Dean has upon the Government and upon his department. Of course, if the Director-Generalship be shorn of half its rights and emoluments, and sunk to the level of a medical registrarship of health and sickness, a man of Sir David Dean's stamp is not likely to be anxious to undertake the office; but if the appointment be fairly and liberally dealt with, the influence he will have with the service and the

profession at large cannot but be beneficial to the Naval Medical Department.

THE VACANT EXAMINERSHIP AT THE COLLEGE OF SURGEONS.

A SPECIAL meeting of the Council of the College of Surgeons has been summoned for the 11th inst., to elect an examiner in the vacancy caused by the expiration of Mr. Partridge's first quinquennial period of office. That gentleman, though elected a member of Council in 1852, did not attain to the honours and emoluments of an examinership until 1864, when a vacancy occurred upon the death of Mr. Green. During his tenure of office, Mr. Partridge has actively devoted himself to improving the practical portions of the examinations of the College. The splendid collection of dissected preparations, now available for examination purposes, owes its existence, in a great measure, to Mr. Partridge's direction; and the introduction of the application of surgical apparatus and bandages as a part of the second examination is due mainly to his efforts. Under all these circumstances, it is perhaps not surprising that it should be urged by Mr. Partridge's friends that he has a fair claim to re-election for another five years. On the other hand, however, it must be recollected that the intention, if not the wording, of the College charter is to limit the tenure of an examinership to five years, and that a valuable precedent has been already set by Mr. Wormald, and by Mr. Kiernan, who retired in 1867 at the expiration of his first quinquennial period. Though Mr. South held the office for nearly twenty years, and Mr. Skey will complete his fifteenth year next year, there is no reason why the legal period should be prolonged. We believe that the result of the present election will materially influence future elections of the same kind; and as three examinerships will become vacant next year, this is a point worth consideration. At the present moment there are, besides Mr. Partridge, eight examiners in their first period of office. If each is to hold office for ten years, the decenniad of 1870–80 will equal in stagnation that of 1850–60, during which only *four* new examiners joined the Court. Mr. Partridge's re-election is, we know, looked forward to anxiously by those who hope that this will be the first occasion on which the Council will carry into effect that provision of the charter which sanctions the election of examiners from among the general body of Fellows. This consideration, which will weigh considerably with the reforming section of the Council, will probably be distasteful to the seniors, who wish to appropriate all the loaves and fishes as bribes to their own party; and, in fact, we hear already rumours of the sentiment by which the older members of the Court are actuated. It has been proved, however, by experience, that examiners need not necessarily be councillors — for Messrs. Cæsar Hawkins, Luke, Skey, Wormald, and Partridge have each proved it *in propriâ personâ*: it only remains to be shown that an examiner can be *elected* from without the Council. But we would infinitely prefer some younger and perfectly independent Fellow than a gentleman who has already received all the honours the College has to bestow, and whose age would fully warrant his retirement.

Let the Council elect, as vacancies occur, four younger men from among the teachers and scientific workers of the day to examine in anatomy and physiology, the remaining six examiners being examiners in surgery, surgical anatomy, and pathology, as at present. The eminent surgeons who compose the Council will then succeed in due course to congenial duties, and the College will be saved the stigma publicly affixed to it by an eminent physiologist of "discouraging the spread of advanced medical knowledge by not examining students in modern subjects of vast importance, and generally by demanding what must be regarded in these days as a deplorably low standard for qualification to practise."

THE WASTEFULNESS OF POOR-LAW MEDICAL RELIEF.

THE above phrase may seem to some a paradox; for it has passed into a proverb that the stingiest of all stingy things is the pay of Poor-law doctors; and it would appear as if any charge might be more fairly leveled at our Poor-law system than that of lavishness. Yet there is an equally homely and familiar experience, which everyone goes through, that might teach us not to believe that everything which is cheap is economical. And, as a fact, it has long been asserted, by sundry discontented persons, that the direct consequence of the underpayment of the Poor-law medical service is inefficient attendance on the illnesses of the poor, and that this neglect leads to a most serious and unnecessary increase of invalids and ultimately of paupers: in short, that starving the parish doctor means swelling the poor-rates. It was one thing, however, to assert this in general terms; it was another and more difficult thing to prove it by figures. We therefore earnestly recommend both the profession and the public to study the remarkable figures put forward by Dr. Rogers in his speech to the Poor-law Medical Officers' Association, which will be found in another column. Making all due allowance for the possible existence of circumstances of which neither Dr. Rogers nor ourselves know anything, there yet remains enough evidence to make out a very much stronger *primâ facie* case for the direct connexion between starvation of the medical service and increase of the rates than we could have at all anticipated. We would especially call attention to the instances of Bristol and of Birmingham, which really are prodigious examples of the nemesis which waits upon sordid and unwise parsimony with regard to things that are not luxuries, but necessaries; but the worst of it is that the vengeance falls not only on those who stupidly provoked it, but on the innocent poor and the mass of honest and struggling ratepayers. The case of Birmingham is of special interest just now, for it happens that the sapient guardians of the poor in that unfortunate town are in the very act of still further reducing the number of their medical staff, in order to effect an annual saving (as they think) of almost £200. The idea of saving, as a consequence of such a proceeding, looks grotesque enough when examined by the light supplied by Dr. Rogers's statistics, which show conclusively that previous reductions in the same item of expenditure have assisted to produce an enormous increase in the annual expenditure on poor relief generally! Of course, however, the examples of any two towns, were they taken alone, could not be held to prove anything as to a general connexion between a pinched medical Poor-law service and an extravagant ratal to the poor. But we think that this general proposition is fairly made out when all Dr. Rogers's examples are considered. So many towns, in all parts of England, could hardly by *accident* conspire to present such a remarkable increase of expenditure on rates in connexion with stinting of the medical service. Above all, it is hardly possible to mistake the lesson afforded by the results of the Irish system. Here there is an expenditure on salaries of medical officers which very greatly exceeds the corresponding sum spent in England: the salaries are also very nearly uniform, according to the work to be done; all drugs and dispensing are provided; and in every way the professional and social status of the Irish Poor-law medical officers is decidedly superior to that of their English brethren. Such being the system, we recommend our readers to study the results, as stated in Dr. Rogers's speech; and we are

much mistaken if they do not agree with us, not merely that the true economy of a liberal treatment of the medical service is distinctly proved, but also that nothing but the most amazing stupidity on the part of English guardians could have led to the neglect of the facts which Ireland teaches.

THE HÔPITAL ST. LOUIS.

THIS far-famed hospital, the name of which will ever be coupled with the history of skin diseases, is now receiving great attention in Paris. Some important measures have recently been taken by the Administration of the Assistance Publique, which will tend to give additional interest and lustre to this noted centre of dermatological clinique. The most important of these improvements consists in the formation of a museum attached to the hospital, in which will be collected all the specimens and materials necessary for the illustration and teaching of cutaneous affections. On a recent visit to St. Louis we were greatly pleased with the aspect of this department, which already presents much interest, and promises well for the future. We were peculiarly struck with Baretta's quite new and beautiful casts, made out of a peculiar *carton* composition of which he is the inventor, and which M. Hardy exhibited on a recent occasion to the Paris Academy of Medicine. They are most wonderful reproductions, true to life, and representing to perfection the hue of the healthy and of the diseased skin, and all the minutest details of the morbid appearances. M. Baretta has kept the secret of his composition; but it is much to be desired that so perfect a method of representing morbid appearances be speedily divulged and rapidly propagated. It applies not only to external lesions, for diseases of the tongue, uterus, &c., are as faithfully represented. On a table in the middle of the room we observed some huge note-books, wherein the house-surgeons write the stories of the cases pictured on the walls; and a library is in process of formation, on the shelves of which will be ranged all the writings extant on diseases of the skin. One important detail must not be forgotten. There is now at St. Louis a permanent photographic studio, where the surgeons and physicians of the hospital may have their interesting cases photographed or moulded. M. Husson intends extending this to the other hospitals of Paris; and M. Montméja, the St. Louis photographic artist, is already going the round of the different hospitals, taking views of rare and interesting morbid lesions. These will be published weekly in a "Photographic Review of the Paris Hospitals," and, through the care of M. Husson, copies will be sent to the provincial medical schools, where there are fewer opportunities of witnessing such cases. We need not enlarge upon the benefits which must accrue from these new materials for the better study of disease.

ARMY MEDICAL DEPARTMENT.

WE have not been able to obtain any definite information as to the intentions of the War Minister beyond those we have already hinted at, and the fact that some reductions will take place. Mr. Greg has enlarged upon the saving which would be effected by mending quill pens, which, he informs us, are capable of being re-cut four or five times; but, it strikes us, the required retrenchment is to be obtained by cutting down the unnecessary quill-drivers. It has been proposed by a correspondent in a military contemporary to dismiss the batch of medical candidates at present educating at Netley without gazetting them; but it is difficult to believe that the authorities will do this. The candidates were drawn by the Government announcement of vacancies in the Medical Department—they were selected, after a competitive examination, and entered upon their course at Netley on the assurance that they were to become medical officers,—and it would be regarded as a breach of faith to dismiss them ungazetted. If reductions are to be carried out, and the army medical service is to be remodelled with that view, we trust the medical authorities will accept the logic of facts—that they will make the best of their position, and put forward a scheme of their own for its accomplishment. The late Lord Herbert's advisers must view with great disgust the rumoured decision of the Government to turn the work of their hands at Woolwich into a barrack. The Herbert Hospital is said to be a very expensive establishment, and to be inconveniently placed for the requirements of the garrison, and it has been decided that the Marine Hospital shall be substituted for it as a garrison hospital. We do not believe, however, that the authorities will consent to make a barrack of the Herbert Hospital. Probably they would be glad to get rid of it altogether, or grant a lease of it to one or more of our metropolitan institutions as a convalescent hospital, if they could get an offer, and the matter might be worthy of some consideration on account of the site of the building and its accessibility to town. The administration of large general hospitals, in a time of peace, with a small number of sick, suffering from relatively unimportant diseases, must ever be expensive; and the system of military administration by which the medical staff is supplemented unnecessarily increases the outlay. Amid the rumours of retrenchment to be accomplished at the expense of the Medical Department, we do not hear of any intention to do away with the military governors, captains of orderlies, and the rest; but we scarcely believe that the authorities can reduce the medical and leave the military part of their establishments untouched.

FLOGGING GIRLS.

THAT women, like other feeble creatures, are naturally and instinctively cruel, especially to their own kind, is a fact perfectly familiar to students of human character, and familiar enough also, as a mere abstract proposition, to the great majority of persons. The proposition is universally known with regard to men of feminine character and tendencies; and it seems, indeed, as if cruelty were the natural accompaniment of weakness. The customs of drawing-rooms rather interfere with the general recognition of this tendency; but now, at a time when women appear earnestly bent upon engaging in many masculine callings, and when their fitness for these callings is a matter for serious consideration, it is certainly right that this element in the case should not be left wholly out of sight. It has received, quite recently, a new and very unexpected illustration.

A few weeks ago "sensation placards" adorned our streets and railway stations, containing, in a conspicuous line, something about "Flogging Girls." We presumed that the line referred to the report in a police court of the performances of some modern, and, we hoped, degenerate imitator of that Mrs. Brownrigg, who

> "Whipped two female 'prentices to death,
> And hid them in the coal-hole."

We were not desirous to receive into our minds the various details that the *Daily Telegraph* would probably describe in glowing language; and, perhaps too negligently, we passed by on the other side. Since then the *Saturday Review* has played the part of the good Samaritan to the victims that we failed to succour; and has given to the world the astounding knowledge that English mothers—not the beaten concubines of costermongers—but married women of classes from which we expect intelligence and re-

finement, are in the habit of systematically stripping their daughters and flogging them. Not only do they do this, but they even take sweet counsel together for the invention of fresh instruments of torture, and for the devising of means by which to increase the shame and pain of their victims. In all this they have been aided and abetted by the editor—or, we hope, the editress—of a magazine especially devoted to the cultivation of feminine accomplishments, and in which, under the thin disguise of a discussion, as if upon an open question, these women have been permitted to compare their experiences, and to advocate their plans.

The *Saturday Review* has now given so much publicity to this unsavoury question that it is only left to us to say something about its moral and its medical aspects, and to declare our perfectly assured conviction that a mother or governess who cannot govern her girls without flogging them is perfectly unfit to be trusted with the charge of girls at all. A painful and degrading punishment would be certain, in most cases, to change a girl's whole moral nature for the worse; and there are grave medical reasons against the infliction of floggings at the period of puberty. We trust that some of the doctresses of the present day will be good enough to enlighten their sex upon this part of the question; and, for our own part, we beg leave to assure those whom it may concern that we look upon their chastisements as equally stupid and cruel. The wish to please men is not an uncommon spring of feminine action; and it may save some hapless girls from being thrashed if we add, for the special behoof of the sisterhood of governesses, that men abhor cruelty in women as much as some women love to practise it.

UNITED SERVICE MEDICAL SCHOOL.

A STATEMENT appeared a short time since in the daily journals to the effect that Greenwich Hospital was to be handed over to the military, and that any infirm pensioners who might be inmates of the building at the time were to proceed to Netley. Whatever truth the first part of this announcement contained, the latter was doubtless erroneous. All our infirm soldiers are located at Chelsea, and it may be intended to send the Greenwich sick veterans there. Be this as it may, however, we venture to recall attention to the proposition we put forward about the establishment of a United Service Medical School. There is almost everything at Netley to meet the requirements of such an institution. Every medical officer entering the public service would then undergo the same scientific training, and be instructed in the more special and technical parts of his duties. The amount of knowledge of hygiene alone, which is now imparted to medical candidates at Netley, is both considerable and valuable, and it is as likely to prove useful to the naval as to the army surgeon; at any rate, it would doubtless be easy enough for Dr. Parkes to supplement his course of lectures and practical instructions by another specially directed to this object. With a Government pledged to an economical administration, we can scarcely hope for a separate Medical School for the Navy; but the financial difficulty would be overcome by combining one with that already existing at Netley.

Our soldiers and sailors, in a great measure, proceed to and serve in the same climates, and a knowledge of tropical medicine would prove equally serviceable to both. The medical officers would become acquainted with each other's duties, the organisation and equipment of their respective hospitals, &c. The knowledge would prove very useful to any doctors in charge of troops on shipboard, while naval surgeons doing duty on shore with a naval brigade or force of marines would learn all the recent additions to and alterations in ambulance and transport of wounded. The social intercourse between officers of the different services would likewise, it seems to us, be productive of mutual benefit. There are many naval medical officers possessing great and varied experience, and some having high professional and scientific attainments, and the public loses much of the benefit it might derive from them.

THE MEDICAL TEACHERS' ASSOCIATION.

THE attempt to simplify the curriculum of the student of medicine at the last meeting of the Medical Teachers' Association was successful, as will be seen by the detailed report at another page. In order that those interested in the question may understand the final determination of the Association, we append the passages of the report referring to the curriculum as amended.

"The examinations to be passed by the candidate would, in all, be at least four in number—first, in common preliminary education, which should include botany and elementary chemistry; second, in chemistry, physics, and the anatomy of the bones, ligaments, and muscles of the human body; third, in anatomy and physiology, including the necessary illustrative portions of physiological botany and zoology, and materia medica; fourth (which might, perhaps, have to be subdivided), medical and surgical anatomy, pathology, state medicine, and the several departments of practice. To the fourth examination he would not be admissible till at least two years after the third, nor to the third till at least one year after the second, nor to the second till at least one year after the first. Thus his four years would have been used methodically."

We think most unprejudiced persons will agree that, by lightening both the first and second examinations, we are likely to promote the competence of the student to pass the third examination, and no one can complain of the introduction of so much physiological botany and zoology into the regular physiological examination as is already included in his course of teaching by every lecturer of any note. We append a summary of the concluding recommendations of the report, which will be of some interest to our readers.

"It is not desirable that the mode of teaching in the recognised medical schools should be strictly prescribed, but that considerable liberty of action should be allowed to them. No student, however, should be admitted to examination till the authorities of the school at which he has studied furnish him with a certificate that he has studied the subjects included in the examination under their direction, according to the method of their school, and to their satisfaction.

"Examinations in scientific subjects should be such as to require a practical familiarity with scientific processes and manipulations, and actual acquaintance with the objects (in natural history, chemistry, &c.), classified and described. In the examinations in medicine and surgery it is no less necessary that the examinations should in part be conducted in wards and out-patient departments, and should be calculated fully to test clinical acquaintance with the characters and treatment of diseases, and with necessary medical and surgical manipulations. The result of the strict application of this rule would be to render teaching by schools of necessity demonstrative and practical, and would tend to enforce regular attendance and systematic teaching in wards and out-patient departments.

"It is desirable that each subject which is severally taught should also be separately examined in; that the examiner should represent the best special knowledge of the time, and should be devoid of any pecuniary interest in the number of candidates passed.

"The range of examination in each subject should be more strictly defined than it now commonly is; and that range should be carefully observed by examiners, exactness of knowledge being held preferable to a smattering over a wide area.

"The Examining Boards should make returns (for publi-

cation by the central authority) of the proportions of pluck and pass in the candidates sent up by the several schools.

"The above recommendations apply especially to the minimum or ordinary pass qualifications of Examining Boards."

THE PATHOLOGICAL SOCIETY.

THERE was really some discussion on the specimens submitted to the Fellows of the Society on Tuesday night; and, as a consequence, the meeting was altogether more satisfactory than usual. Two matters of special interest may be referred to as having attracted some attention. Mr. Myers exhibited a specimen of aneurism from a soldier, with the object of exciting some additional attention as to the occurrence of this disease in soldiers, as a consequence of the forced exertion in connexion with restricted movements of the chest-wall in respiration induced by the present mode of accoutring the soldier. Mr. Myers specially referred to the action of the tight neck-band and tunic worn by soldiers, as likely to end in the production of obstructed circulation. He has found by the spirometer that the amount of air inspired by a recruit in his dress was less by twenty inches than it should be. The connexion between syphilis and aneurism was alluded to. Mr. Myers and others alleged that there was no ground for believing in it; Dr. Murchison, on the other hand, contended that syphilis seemed to predispose to atheroma, and therefore indirectly to aneurism. The President thought that the interference with the chest-wall by tight tunics might lead to phthisis. Dr. Wilks stated that if aneurism were specially prevalent in the army, no doubt Mr. Myers's explanation was the correct one. The other subject of some interest was that of the hypertrophy of bone, introduced by Dr. Wilks, who exhibited the calvaria, ribs, femurs, and other bones of a man who had recently died of hypertrophy. Specimens of this kind are common, but few physicians have watched the progress of cases during life. The man from whom Dr. Wilks's specimens were taken had been in many doctors' hands, and every one had given iodide of potassium or iodide of iron. The man died from a condition exactly like that in general dropsy. Dr. Wilks suggested that the disease might be similar to mollities ossium, with this exception, that the softening process had become arrested, and the deposition of new bone had begun.

HEALTH OF SEAMEN.

OUR last impression contained a brief record of a conviction which took place before the Hull stipendiary magistrate some few days ago, when the master of a vessel was fined £15 and costs for failing to supply his ship with lime-juice and a properly-fitted medicine chest. The Government are usually so slow to prosecute, even when a distinct breach of law has occurred, that this very proper result of gross and culpable carelessness cannot be too widely known as a warning to evildoers. But we recur to the subject for the purpose of endorsing emphatically a remark made at the time of the conviction by the magistrate, to the effect that all medical stores should be officially inspected. It is useless to legislate if the law be not obeyed, and though a clause in the Duke of Richmond's Act provides that certain simple drugs and instruments shall be carried on every sea-going ship trading out of the United Kingdom, we have good reason to know that these enactments are, in many instances, evaded. Do master and mate, in the hurry of filling up cargo and clearing from port, ever glance at their medicine chest, to see if the requisite articles are there? They know indeed that there is a medicine chest on board, but, though upon the integrity of the contents of this chest may depend the lives of the crew and the safety of the ship, no material guarantee exists that the provisions of the law are properly and effectively carried out. Those clauses of the Merchant Shipping Act, 1867, relating to lime- and lemon-juice work well, because they not only indicate the carrying of the juice, but provide for its inspection, mixing, bottling, and packing. The Government thus ensures to owner, captain, and crew that a good article is shipped. It should also ensure that a proper quantity is taken, and there imperial responsibility must of necessity end. But no surety is provided either as to quantity or quality of medicines and medical stores. A ship may go out of port with them or without them. They may be good, bad, or indifferent; and, inasmuch as vital statistics may be influenced thereby, it is the duty of the Board of Trade to obtain power that will prevent the occurrence of such an event as that which resulted in the conviction above-mentioned.

THE CASE OF CATHERINE SPENCE.

THE case of Catherine Spence seems, at first sight, a terribly painful and distressing illustration of the destitution prevalent in the East-end of London. The scant bed on which she lay; the furniture gone to pay rent; the blanket pawned to buy food with; the absence of all articles of food in the room, except a little salt, of which she had partaken before her death; the extemporised table, consisting of a broken chair with a box upon it, and lying on the table a tract, entitled "The Goodness of God;" six families in the same house all receiving parish relief; the death of the poor woman on the Thursday, and the insanity of her husband following on the Saturday; the opinion of most of the neighbours that Mrs. Spence was no worse off than themselves. This is just about as shocking a picture as can be presented. We are bound to say, however, that in the newspaper accounts which we read there are most serious omissions, which shake our faith in the whole representation of the case. There were medical facts in the case which greatly alter the complexion of it. There were three doctors in attendance. The child was born dead, and the mother died shortly afterwards of flooding. Mr. Sarjant, who delivered her, and to whom we are indebted for the facts, attended her in August, 1867, when he had the greatest difficulty in saving her life. She looked forward to her late confinement with much dread. Mr. Sarjant says she was delivered on a decent bed and bedstead. There was no time to give her medical relief, but the gentlemen in attendance had given brandy and eggs. The insanity of the husband, too, comes in for an explanation which makes it a little less shocking. He had been an inmate of Colney Hatch Asylum for six years a few years ago. We have no wish to underrate the distress at the East-end of London; but let us protest against its being overrated, and against a case of death from flooding being pictured as a case of death from starvation.

CHLOROFORM IN THE URINE.

A VERY important observation has been made relative to the properties of the urine of patients who have inhaled chloroform. If the ordinary sugar test be applied—viz., sulphate of copper and potash,—the reaction seems to indicate the presence of a large amount of sugar. The reduction of the copper, however, is not due to sugar, but to chloroform. So says a writer in the *Journal de Pharmacie d'Anvers*. The chloroform is detected thus: a current of air is passed through the urine, then made to traverse a hot porcelain tube, and finally to pass through a Liebig's bulb, containing a solution of nitrate of silver. The chlorine derived from the chloroform precipitates, when present, the silver in the form of chloride.

THE PUBLIC HEALTH.

THE Quarterly Return of the Registrar-General for the three months ending December 31st last, shows a birth-rate of 35, and a death-rate of 22, per 1000 living, the former being much above, and the latter about, the average for the season. Allowing for emigration, the natural increase of the population by the excess of births over deaths during the quarter was 661 daily, the actual increase being rendered an unknown quantity by the absence of any records of immigration. As between town and country districts we have a difference of more than 5 per 1000 in favour of the chances of life in rural districts, where the death-rate was 19, against 24·2 in the towns. The increased mortality observable in some of the large manufacturing towns suggests to the Registrar-General the following remarks:—

"When will the North undertake the noble work of saving the lives of the people? Why should industrious, prosperous, and wealthy communities see their people perish year after year at these appalling rates, without trying some radical and effectual measures of reform? This is not a question of mere opinion, but of life and death; it is not a question of the day only, but of all time. Shall the town breeds of the North degenerate and die out, or improve and live? There appear to be disputes as to the particular measures to be adopted; why should not experiments be at once made in various blocks of houses? The water-supply is an excellent preliminary, but the sewers must follow. The refuse must be day by day removed from the dwellings, and this the householder cannot himself accomplish in large towns. It is municipal work."

We suppose the answer to these inquiries must be that some of the evils referred to have small chance of extinction so long as our sanitary laws remain in their present chaotic state. It is to be noted, however, that not only in the north, but in the east, south, and west, also, the efforts of sanitarians are beginning to make themselves felt; and from the frequent reports which reach us of meetings for the discussion of sanitary problems throughout the country, we conjecture that, following the example of Liverpool, a majority of our large towns have already entered, or are preparing to enter, upon the prosecution of such measures as will gradually reduce the gap now existing between the death-rates of town and country districts.

THE BIRMINGHAM GUARDIANS AND OUT-DOOR MEDICAL RELIEF.

THE report of the Committee of the Birmingham Board of Guardians has proved even more unsatisfactory than we last week anticipated. The number of medical officers has been reduced from eight to five, instead of six, and their districts thus made uniform with those of the relieving officers. The report of the committee recommended that the salaries of these five officers should be £240 per annum, which would allow them 1s. 7d. per case, and make the gross sum paid for out-door medical relief equal to that hitherto divided among the eight parish doctors. The board, however, determined by a large majority that the salaries should be £200 per annum, and they thus effected a yearly saving of £200 at the expense of the medical officers, who will now receive for attendance and medicines something less than 1s. 4d. per case! We had hoped that the committee would have done something to improve the position of the surgeons. They have grievously disappointed us. The recommendation of the committee was bad; the decision of the board is much worse. The medical work, hitherto underpaid, will now be more so, with the difference that each surgeon will have more of it. The status of the appointments cannot fail to be injuriously affected by the change which will compel a man to devote himself almost exclusively to parish work; and it can scarcely be hoped that the work of an office which ceases to be attractive will be better done. The guardians evidently had some fear of this, for, at the same meeting, they appointed a standing committee to supervise the administration of medical relief. We trust that the President of the Poor-law Board will absolutely refuse to sanction a step so inimical to the true interests of the public.

THE HEALTH OF THE NAVY IN 1867-8.

FROM a report recently issued by Dr. Mackay, it would appear that, during the year just past, the health of the navy has been, on the whole, satisfactory. The total force afloat was 50,340; the sick rate was 1295·7 per 1000, or an increase of about 30 per 1000 on the rate of the previous year; the total death-rate was 11 per 1000 (an increase of 3·7 over 1867); from disease alone 8·3 per 1000. As compared with the average of the last twelve years, there is a diminution of sickness equal to 144, and of death to 3·7 per 1000. The invaliding amounted to 34·7 per 1000, about the same as the average of the last twelve years. The chief causes of illness were fever and diarrhœa in the Mediterranean, yellow fever in the West Indies, fevers and dysentery on the China station, and insolatio and general debility in the Red Sea, in connexion with the Abyssinian expedition. Exposure to the sun, and the incessant nature of the labour of the men when in Annesley Bay contributed to induce disease. We are glad to notice that the iron-clads still seem to have the lowest sick-rates of any ships in the service.

UNIVERSITY OF CAMBRIDGE.

WE are extremely glad to learn that the authorities of Trinity College have determined to give a Fellowship for proficiency in natural science, once at least in three years. The examination will take place at the usual time of the examination for the Fellowships—that is, early in October, and will be open to all graduates of the University whose standing after the B.A., B.M., or B.L. degree does not exceed three years.

Clare College offers a scholarship of the value of £50 a year, tenable for three years and a half, for natural science (chemistry, chemical physics, comparative anatomy and physiology, or geology). The examination will take place on March 17th, and will be open to all students who have not commenced residence in the University.

MEDICAL RELIEF IN THE HIGHWORTH UNION.

THE guardians of this union have decided upon making certain alterations in regard to their medical officers, by the amalgamation of two of the relief districts into one, to which they propose to appoint a medical officer who is to devote himself exclusively to his union duties. On the question of pay some difference of opinion was expressed at the board, two or three of the guardians considering that £200 a year was a sufficient salary; but the majority, we are happy to say, thought otherwise, the chairman remarking that "they would run a very poor chance of getting a good medical man, who would attend to the poor, without any private practice, at a less salary than £250 a year;" and this sum was eventually decided upon, despite the announcement of an objector that "he had private information to the effect that they could get a good man for £200." If, as we gather, the new medical officer will have to find medicines out of his salary, needing, as he will, to keep probably two horses to enable him to visit the scattered population under his charge, and not being allowed under any circumstances to

engage in private practice, the Highworth and Swindon union must be a wonderfully cheap place to live in, or else £250 a year will simply mean genteel poverty. All the guardians concurred in expressing a high sense of the value of the services rendered as medical officer to the union for so many years by Mr. John Gay, sen., whose retirement on account of ill-health they deeply regretted. Mr. John Gay, jun., succeeds to the district which his father has vacated.

SUPERANNUATION OF PRISON SURGEONS.

UNDER Section 15 of the Prisons Act of 1865, the surgeons to gaols of more than twenty years' service, and against whom there has been no complaint, are entitled, on retirement from sickness or age, to a pension, not exceeding two-thirds of their salary, or to a gratuity. But the justices seem glad to seize any pretext for refusing to grant the pensions to which medical men are justly entitled. It is the lot of the profession to suffer first when any question of economy is raised. The facts of a case of injustice in this respect have recently come to our knowledge. The surgeon of a certain gaol in Suffolk, whose term of service amounted to twenty-five years, has been denied, without rhyme or reason, the pension to which he is fairly entitled. This is a matter which concerns a large number of medical men, and we hope that the case to which we refer will yet be made the subject of special investigation.

MEDICAL BENEVOLENT FUND.

AT the January meeting of the Committee of this excellent charity there were fourteen applicants for assistance, eight of whom were relieved, at a cost of £80, while the remainder stood over for further inquiry. Among the contributions received since our last notice are the following:—Miss A. B., £10; Miss M. B., £10; J. Morgan, Esq., £10; T. Taplin, Esq., £5 (annual); D. de Berdt Hovel, Esq., £5 5s.; J. F. France, Esq., £3 3s. (annual). We are requested to state that the address of the new hon. secretary (through whom all applications should be made) is Stamford Felce, Esq., 12, Chippenham-road, Paddington, W.

THE Executive Committee of the General Medical Council will meet in the course of a few days in London.

THE Royal College of Physicians, at their meeting on the 28th of January, resolved that 1600 copies of "The Nomenclature of Diseases" should be printed forthwith. The price of the volume, and the exact time of its publication, will be announced in the course of next week.

THE *Moniteur Belge* contains a notification of an epidemic fever in Brussels of a typhus type. The epidemic appears to have given rise to a considerable amount of alarm, it having attacked the rich and the poor indiscriminately. The hospitals, both military and civil, were also stated to be filled with cases.

NINETY-EIGHT per cent. of the deaths now registered weekly in London are certified as to their causes by medical practitioners.

IN accordance with a resolution recently passed by the Council, a meeting was held last week at Birmingham to form a Pathological Section of the local branch of the British Medical Association. Some fifty practitioners in the Midland district attended the meeting, and enrolled themselves as members of the Section, which it was resolved to call the Pathological and Clinical. Dr. T. P. Heslop was elected chairman, Dr. B. Foster and Mr. Vincent Jackson (Wolverhampton) secretaries, and Dr. A. Fleming treasurer. The meeting was brought to a close by a vote of thanks to Mr. T. H. Bartleet (the Secretary of the Branch), for his exertions in forming the new Society.

IT is with great satisfaction that we are able to inform our readers that Professor von Langenbeck and Professor Virchow have intimated their approval of the designed institution of a Marshall Hall Memorial, and expressed a wish that their names may be included among the list of subscribers. The elevated scientific position which the names of Langenbeck and Virchow occupy—the former as one of the foremost surgeons in Europe, and the latter as one of the first pathologists and most original thinkers of the present age—eminently fit them for estimating aright the labours and scientific character of a man like the late Dr. Marshall Hall.

AT their last meeting, the Weekly Board of the Birmingham General Hospital resolved to admit two of the most meritorious students of the hospital to the privileges of resident pupils without extra payment. We understand that these gentlemen will be selected by examination, but the number of resident pupils in the hospital will, for the present, prevent the possibility of their sleeping within the hospital walls. The duties of the two selected students will be to act as clinical assistants to the physicians and surgeons. The step is equivalent to the foundation of two medical scholarships, and will no doubt prove an incentive to that attention to clinical medicine and surgery which is undoubtedly at the present time the great desideratum in our medical schools.

ANOTHER hospital under the provisions of the Contagious Diseases Act was opened at Colchester on the 27th ult. Our readers will remember that the amount of enthetic disease among the soldiers stationed at Colchester was very large. The Inspector of Police, in accordance with War Office instructions, will be furnished with returns of all the men suffering from this class of diseases undergoing treatment in the three military hospitals.

WE are informed that scarlatina still prevails at the Aldershot camp, although the disease is on the decline. The reports which have been circulated, however, both as to the extent of its prevalence and the attendant mortality, have been greatly exaggerated. Scarlatina is very common just now in all parts of the country, and the various camps and military stations have not escaped; but the mortality has generally been small.

WE regret to hear that at their meeting on Wednesday last, the Weekly Board of St. George's Hospital reluctantly determined to close their new wing, with its magnificent wards, the hospital not having received that support from its wealthy neighbours which had been anticipated. This is a painful commentary upon the question of general *versus* special hospitals.

THE Committee of the Birmingham General Dispensary, who last year so uncourteously refused to entertain the application of their honorary medical officers for a moderate honorarium, appear to be gradually learning the value of the services they then estimated so lightly. Some months ago they appointed one of the former staff their Consulting Physician, and within the last few days they have offered the Consulting Surgeoncy to Mr. Thomason. We are very glad to say that, in this instance, the appointment has been

accepted by Mr. Thomason, "after consultation with his late colleagues." It would have been a graceful act on the part of the Committee to have associated Mr. Yates with Mr. Thomason.

AT the annual meeting of the Governors of Reading Dispensary, held on Thursday week, the question of the appointment of a successor to the late Dr. Cowan was discussed. The two physicians to the Dispensary, Dr. Wells and Dr. Woodhouse, would naturally, on their retirement, fill the post of consulting-physician, rendered vacant by the death of Dr. Cowan; but neither of these gentlemen wishes to retire from active work, nor is there the least reason why they should do so. Colonel Bazett declared that the appointment must be filled up, and accordingly he proceeded to suggest that a new-comer, who had taken Dr. Cowan's practice, should fill the vacancy. A moment's reflection should have shown the Colonel that the proposal was a direct insult both to Dr. Woodhouse and Dr. Wells, and a poor return for the valuable services which they had rendered the Dispensary. We trust that no such suggestion will again be made.

THE Municipal Council of Paris, we are informed, has at length yielded to the requests which have been made at various times by the chief European statists for the issue of a weekly return of the births and deaths occurring in that city.

MR. WILLIAM JOHNSON SMITH was elected Assistant-Surgeon to the *Dreadnought* Hospital Ship on Friday, the 29th ult. Mr. Smith was one of the Jacksonian prizemen of last year, and played a conspicuous part in the ship-to-ship visitation, conducted by the Seamen's Hospital Society, under the auspices of their surgeon, Dr. Rooke, during the last epidemic of cholera.

THE funds for building the new wing to the Liverpool Northern Hospital, for the treatment of special cases, have, we understand, been promptly supplied by the ship-owners and other large employers of labour in the neighbourhood of the hospital.

WE are glad to chronicle the further extension of an organised system of birth and death registration in our colonies. An ordinance establishing such a system in the Island of St. Lucia came into operation on the first of last month.

THE MEDICAL BENEVOLENT COLLEGE.

HAVING had occasion during the past year to remark upon some failings in the educational scheme of the Medical Benevolent College, especially as tested by the Matriculation Examination of the University of London, we are glad to receive an able report of the Educational Committee appointed by the Council of the institution to consider the matter. It appears that

"Reports which reached the Council some time ago, to the effect that the Epsom boys did not, in general, make an altogether creditable appearance at the Matriculation Examinations of the University of London, led the Council to institute an inquiry into the state of scholarship in the school, by means of the Cambridge University Examiners, who reported that in several branches of study the work was unsatisfactory. Subsequently the head master made several recommendations for the improvement of the school, most of which were adopted by the Educational Committee, and have been to some extent carried out by the Council. Although there is reason to believe that the state of education in the school has become, in some respects, more satisfactory, it has continued to be a source of regret to the Council that a greater number of the boys have not been able to pass with credit the Matriculation Examination at the University of London; and disappointment has been especially felt that, on two occasions, valuable scholarships (the Gilchrist and University College) have been lost for a year to the school, in consequence of the required standard of proficiency at that examination not having been attained.

"Having referred to the shortcomings of the College, it is only just to record, on the other hand, the report on the College made by Mr. Giffard, one of the Assistant Commissioners of the Schools Inquiry Commission. Mr. Giffard examined the school about three years ago, and his opinion is published in the seventh volume of the report of the Commission. He says: 'The school course is very comprehensive, including all branches of a liberal education..... This is one of the best schools for the price which I have met with in my district. Nor can I say that the variety of subjects which are comprised in the school course at all impairs the soundness of the teaching in particular branches.'"

The Educational Committee has instituted a comparison between the course of study at Epsom and that at Marlborough, Cheltenham, and the Wellington College, which shows that the time given at Epsom to classics is by no means in excess of what is usual; but in each of the other schools a division is made at a certain point into the "classical" and the "modern" departments.

"With the object of adapting the education at Epsom to boys who are to leave school at sixteen or seventeen years of age for business or office work, the Committee have endeavoured to ascertain how far the appliances and the payments at the College would justify them in recommending a division of the school into a classical and a modern department; and they report with regret that the system appears to be impracticable on account of the cost, as it would require a very large addition to the educational staff, and necessarily a considerable increase of expenditure. At Marlborough the proportion of masters to boys is one master to eighteen boys; at Cheltenham, one master to fifteen boys; at the Wellington, one master to twelve boys; while at Epsom there is only one resident master to every twenty-six boys. The charges at Marlborough range from £54 10s. to £72; at Cheltenham they are about £70; at the Wellington from £80 to £110; at Epsom, £40."

It thus appears, as we had already opined, that the whole matter resolves itself into a pecuniary question, and that it is unreasonable for those who have their boys boarded and educated for forty pounds a year to quarrel with the article provided.

The Committee, however, are prepared to do their best, and they recommend the introduction of a larger amount of modern elements into the regular work of the school. They recommend the Matriculation Examination of the University of London as the basis of the Epsom system, but those about to leave school early for commercial pursuits will have the option of substituting modern languages for Greek in their regular studies. We are glad also to find that they propose to remodel the system of teaching science, appointing a professor who shall be able to teach chemistry and natural philosophy, and, if possible, the elements of physiology. The Council has been fortunate enough to secure the services of Mr. C. W. Heaton, lecturer on chemistry at Charing-cross Hospital, who will devote an entire afternoon and evening, with a second evening, in each week to instructing the pupils, especially those about to matriculate, in scientific subjects. The head master and two other masters also undertake elementary instruction in science throughout the school. With the view of making the science-teaching really efficient, some alteration and re-arrangement of the rooms, and possibly some addition to the school-building, seem desirable, and especially the formation of a laboratory. Since the authorities of the College have so readily adopted the views of the profession

with regard to an increase of scientific teaching, the least they can expect is pecuniary support, should the outlay necessarily incurred exceed the funds at their disposal.

THE MARSHALL HALL MEMORIAL.

A MEETING of the General Committee, formed to found some suitable memorial commemorative of the labours of the late Dr. Marshall Hall, was held at the rooms of the Royal Medical and Chirurgical Society on Friday, the 29th ult., and the following is a full report of the proceedings. Dr. Burrows presided. Amongst those present were Dr. Gull, Dr. Risdon Bennett, Mr. Solly, Dr. Sibson, Dr. Wakley, Dr. Russell Reynolds, Mr. Erasmus Wilson, Dr. Langdon Down, Dr. Dobell, Dr. Glover, Mr. Gower, Mr. Curling, Dr. Yearsley, Dr. F. Winslow, Mr. Gay, Dr. Webster, Mr. E. Saunders, Sir D. Gibb, Dr. Hare, Dr. Dickinson, Dr. Buzzard, Dr. Aldis, Dr. Ramsay, Dr. Nicholls (Chelmsford), Dr. Grailly Hewitt, Mr. Charles Hunter, Dr. Tilbury Fox.

Dr. BURROWS, on taking the chair, spoke as follows:—I am glad to see so many distinguished members of our profession here to-day to co-operate in so good a cause as that of doing honour to the memory of a talented deceased member of our profession, and to join—cordially, I hope—in establishing some memorial which, throughout all time, shall redound to the memory of Dr. Marshall Hall, and shall at the same time become an incentive to young men of talent to devote their energies, during their early professional years, to original research; so that they may be enabled to vie with the great and good man who has departed, and whose name will be attached to the memorial or scholarship which you may establish. It has always appeared to me that the late Dr. Marshall Hall's character was peculiarly distinguished in three ways. First, there was a great originality in all his inquiries and researches. Secondly, he had a happy power of turning the results of his scientific investigations to practical purposes. He did not allow them to be merely barren scientific results. They were more or less quickly applied to the improvement of the diagnosis as well as of the treatment of disease. The third feature of his character appears to me to have been his great benevolence. All who knew him personally, as I had the pleasure of knowing him, will remember how not only his demeanour and aspect, but the whole tone and frame of his character, were governed and actuated by benevolence and kindly feelings towards his fellow-creatures. The future reputation of Dr. Marshall Hall as a scientific man will rest principally upon his original researches into the functions of the nervous system, particularly into the functions of the spinal cord. By those researches he established the existence in that portion of the nervous centres of a function or property which seemed to reside in it independent of the brain itself, and first noticed under the name of the reflex function of the spinal cord. This physiological inquiry of Dr. Marshall Hall's was soon applied to practical purposes—to the improvement of diagnosis in many obscure diseases of the nervous system. Many of you, like myself, must remember cases which they saw during their student life or during the early period of their practice—cases of paralysis and other affections of the nervous system—where the phenomena, prior to the discovery of Dr. Marshall Hall, were absolutely unintelligible—enigmas which we could not solve. And yet, through the discoveries of Dr. Marshall Hall, these symptoms and phenomena become perfectly intelligible, and enable us to frame correct dianoses, and of course also to treat with greater certainty. Those who are younger, and who have had perhaps the advantage of a physiological knowledge superior to that enjoyed by those of my own standing, can hardly appreciate the great improvement which took place in the diagnosis and the treatment of various nervous affections subsequently to these researches, not simply in the cases of paralysis to which I have alluded, but in the numerous cases of spasmodic affection; and that which was before devoid of all interest henceforth became significant of a number of physiological phenomena, and full of intense interest for the observant practitioner. But although these researches into the physiology of the nervous system may constitute the ground upon which Dr. Marshall Hall's scientific reputation must chiefly rest, we ought not to forget that he went into other researches of a different kind—researches quite as original in their nature, and attended also with most important practical results. I advert especially to his inquiries into the effects of the loss of blood. Forty years ago, it would seem that his sagacious and practical mind foresaw that our profession would come to realise the many evils that resulted from the prodigal flow of blood in the treatment of disease. No sooner had Dr. Marshall Hall carried out his investigations into the effects of loss of blood, than, with his usual practical turn of mind, he considered how these researches might be turned to the improvement of the treatment of disease, and he laid down a series of rules to regulate those practitioners who employed abstraction of blood, venesection especially, in the use of that remedy in the treatment of acute diseases. Those rules, to my mind, were most highly satisfactory and rational, and in the early part of my professional career frequently guided me in my course of treatment. Others no doubt have felt the same, and all who are familiar with those rules must agree with me that if they were followed out in those cases of acute disease in which the remedy is really justifiable and useful, the good effects might be obtained with the least possible loss of the vital fluid; while, if the case were not one suitable for the abstraction of blood, the least injury was likely to result to the patient. There is yet another point which I think we ought not to forget in bringing before our minds the various services rendered to our profession and to humanity by Dr. Marshall Hall. I refer now to his inquiries into the best methods of restoring suspended animation, where the individual has been asphyxiated by immersion in water. We are all familiar with what is called "The Ready Method of Dr. Marshall Hall" for the resuscitation of those apparently drowned. No doubt this subject has advanced since his days, and many points which had not been satisfactorily settled by him have since received considerable illustration from the Committee of the Society in whose rooms we have met to-day; but we see here most strikingly that the tendency of Dr. Marshall Hall's mind was not simply a devotion to pure science, but to make science subservient to the alleviation of suffering, and the restoration of individuals to health and life. These are topics which I feel ought to be adverted to upon the present occasion, but it is truly unnecessary, and would be out of place, for me to dilate upon them further before this assembly. Much more might also be said upon the third point in Dr. Marshall Hall's character—the great benevolence of his mind. But as we are assembled here to look upon him as a professional brother who has distinguished himself in the field of science rather than as a friend—as a man who devoted his mind and time, and money also, to originate scientific researches, rather than as one whom we admire in social life, it is not appropriate upon the present occasion to dwell upon the moral qualities or the benevolent feelings of the man. We are assembled here to-day for a common object and for a good object, not merely to do honour to the memory of Dr. Marshall Hall, but to endeavour to establish some memorial which shall be of use in stimulating and inciting the junior members of our profession—those who are gifted with talent, those who are gifted with the desire of distinguishing themselves—to spend some of those dreary years of early professional life in original investigations. In that way we may hope, during successive generations, men may spring up who may, in some measure, emulate the reputation of Dr. Marshall Hall.

Dr. TILBURY FOX then read the report of the Preliminary London Committee. It stated that the proposal to found a memorial originated with Dr. Ellis, in the pages of THE LANCET, only a few weeks since, but that it had already met with the most remarkable acceptance at the hands of a large number of the leading members of the profession in London, Edinburgh, Dublin, and the provinces. In many of the letters which the Committee have received the writers have acknowledged how thoroughly Dr. Hall cleared away the mist from many knotty problems in the pathology of nervous diseases, and gave the key to the most successful practice. Mention has also been frequently made of the boon conferred upon humanity by the elucidation of the ready method of restoring the apparently drowned, which

still holds its ground as the most efficient mode of resuscitation. At the outset of the present movement the foundation of a *scholarship* seemed best calculated to interest the profession, and it was desirable, if this form of memorial be adopted, to place it upon the broadest basis—to make it, in fact, an open scholarship, so as to interest as many medical schools as possible. Judging from the contents of the letters which the Provisional Committee have received, it would seem that this form of memorial would be a very popular one. The amount of support which has been and is likely to be given may be inferred from the fact that the General Committee list comprises the names of more than one hundred and fifty gentlemen, a large number of whom are connected with the schools of the metropolitan cities, and those of Leeds, Manchester, Newcastle, and Birmingham. The Provisional Committee believe that the time has now come for their labours to cease. Edinburgh is to be represented in the Executive Committee by Dr. J. Matthews Duncan, Dr. C. Brown, Dr. Rutherford, Mr. Annandale, and others; the provinces by Drs. Embleton and Ellis (Newcastle), Dr. Noble (Manchester), Mr. Higginbottom, F.R.S. (Nottingham), Dr. Alfred Hall (Brighton), Dr. Waters (Liverpool), Dr. Radclyffe Hall (Torquay), Mr. Cadge (Norwich), Dr. Heslop (Birmingham), Dr. Clifford Allbutt (Leeds), Dr. Falconer (Bath), and Dr. Nicholls (Chelmsford). Dublin has not as yet selected her representatives. It may be confidently anticipated that a scholarship founded upon so broad a basis as is proposed would tend to engender a healthy rivalry between different schools: the prize would be a coveted honour, and the title of the "Marshall Hall Scholar" would be regarded, it is hoped, as one of the most honourable to which the junior members of the profession could aspire.

Several letters were then read, and amongst others the following from Sir Thomas Watson, Bart:—"I am glad to learn that the Marshall Hall testimonial is making so good progress. I shall be happy to subscribe to it. No one can be more sensible of the scientific merits of the late Dr. Marshall Hall than I am. As he is no longer among us, any testimonial as to the value of his labours and discoveries will have this additional recommendation in the eyes of his surviving relatives and friends, that it must be unprompted by any motive of personal flattery or self-seeking."

Dr. GULL, in proposing the first resolution, said,—It is now thirty years since Dr. Marshall Hall published his researches on the excito-motor system of nerves; and when I recall those words to any one of your minds, you will see that it opened a whole new world to us; and that, though Whytt and Prochaska and others had written upon the sympathies of the nervous system, up to that time we had no idea how these were produced. Though the honour of the discovery was then contested as not strictly belonging to Dr. Marshall Hall, I think that time has allowed it all to gravitate towards his name. It is certainly a very wonderful thing that we should have been so long in recognising that most marvellous work. The discovery of the excito-motor system of nerves ranks quite equal with that of the circulation of the blood. Previous to the discovery of the circulation of the blood, all must have been dark as to the minute changes which went on in the tissues, and how the blood got from veins to arteries; and so up to the time of the discovery of the excito-motor system as a great physical fact of nervous action, we were truly in the dark as to how the phenomena came about. I do not at all mean to say that we can trace all the steps whereby these results are produced; but that we have got the key to them I have not the slightest doubt; and it certainly is fair to ourselves, it is fair to our profession, it is fair to our country, that a man who has so distinguished himself should be held in the greatest honour, for his own sake, and for our sakes, and also for the furtherance of science. There is no doubt that the future development of medicine rests entirely upon these physical researches. Up to very recent times, as we all know, symptoms were regarded as the data upon which we had to form our opinions. Now symptoms are slowly, day by day, sinking into insignificance, and we are getting our data from fact. These excito-motor phenomena were essentially symptoms, and had no intelligible significance till the discovery of the excito-motor system. I think therefore we do well to acknowledge before this meeting and before the whole profession how much we owe, and how thankful we ought to be, to such a labourer in the field of science, and to establish such a memorial to him that he, though dead, may still, as it were, live, and that new work and new results may ever spring from his labours; for we know that every discovery in science is as a seed which continues constantly to produce new seeds and new growths, and so on ever to be fructifying. The question of the form of this memorial may, I think, with advantage be discussed. I am inclined to think that, on the whole, it might be better to put this memorial upon a higher basis than to give a scholarship to students. I would only suggest that if we could get the College of Physicians or Surgeons or Royal Society to take charge of such sums as may be subscribed, and apply the proceeds year by year to fresh investigations as to the physiology and action of the nervous system, that, I think, would be the greatest honour we could do to Marshall Hall. Without further remarks, therefore, I will propose to the meeting the resolution which has been placed in my hands: "That the physiological labours and other scientific researches of the late Dr. Marshall Hall on the nervous system are worthy of especial recognition, and that it is desirable that steps should be taken for the foundation of some suitable memorial."

Mr. ERASMUS WILSON, in seconding the resolution, alluded to the varied character of Dr. Marshall Hall's labours, and to the lustre which he shed on every subject by his personal zeal and research. He (Mr. Erasmus Wilson) recollected once making a large diagram intended to illustrate a lecture to be given by Faraday on Dr. Marshall Hall's discoveries. To him it was one of the greatest treats in his life to see those two men discussing this question: Marshall Hall putting his observations in his usual enthusiastic form, and Faraday, with that wonderful intuitive power which he possessed of taking in a subject and putting it into a popular shape, at once converting it into useful material which he might develop in his lectures at the Royal Institution.

Dr. BUZZARD reminded the meeting that the form of the memorial would necessarily depend entirely upon the amount that might be raised; and, till that was known, it would be premature to attempt to decide the shape which the memorial would assume.

Dr. WEBSTER suggested that the memorial might take the form of a prize for an essay on a physiological subject. Of Dr. Marshall Hall he would say, in the words of Dr. Johnson, "He touched many things"—history, poetry, medicine, and so on,—"but he touched nothing which he did not adorn." And they might go further and say: he touched nothing which he did not improve.

Dr. SIBSON proposed the second resolution, which was as follows:—"That the following gentlemen—viz., Dr. Burrows, Dr. Risdon Bennett, Mr. Lockhart Clarke, Dr. Dickinson, Dr. Gull, Prof. Huxley, Mr. Prescott Hewett, Mr. Seymour Haden, Mr. C. Hunter, Sir Wm. Jenner, Bart., Mr. Paget, Dr. Sibson, Mr. Solly, Dr. C. J. B. Williams, Mr. Erasmus Wilson, and Mr. Webber (with power to add to their number), be requested to act as members of an Executive Committee, and to arrange, in conjunction with Edinburgh, Dublin, and provincial representatives, some plan for carrying into effect the foregoing resolution." He (Dr. Sibson) remarked that it was the fate of the man of science that the work he does, while it rests on the work of the past, and upon it rests the work of the future, is hidden by that work of the future; and, consequently, he leaves behind him no monument, as does the man of literature, the painter, the sculptor, or the artist. Unlike these, the man of science is hidden by the very work which is the offspring of that which he has done. Hence it behoved them to give to it a permanency by a sum invested in some imperishable memorial, so that he should not be crushed by the ignorance of those who should come after of the labour with which they themselves were so familiar.

Dr. RISDON BENNETT seconded the resolution, and observed that though at first it seemed unfortunate that so long a time should have passed before the movement was started, yet on reflection it had the advantage that all the party spirit which had once been associated with the subject of Dr. Marshall Hall's labours had died away, and they were now able to look simply at the merits of the man, and honour the labours he accomplished.

The resolution was then carried unanimously.

A vote of thanks to the Chairman, proposed by Mr. Solly, and seconded by Dr. Russell Reynolds, concluded the meeting.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly meeting of this Association was held on Friday evening, the 29th ult., at the Freemasons' Tavern, Great Queen-street.

The following members and visitors were present:—Dr. Rogers, President; Dr. Nicholas (Wandsworth), Mr. Benson Baker, Dr. Montague Thomas (Marylebone), Dr. Welsh (Bethnal-green), Dr. Pinder (Camberwell), Dr. Dudfield (St. Margaret, Westminster), Dr. Richardson (Whitechapel), Mr. A. W. Wallis (Brentwood), Dr. R. Fowler (East London), Dr. E. Jones (Sydenham), Dr. J. E. Smyth, Mr. Munday (Lambeth), Mr. W. Scott (Stratford), Mr. H. E. Ramsden (Sydney), Mr. Eugene Goddard (Clerkenwell), Dr. J. T. Forbes Firth (Rotherhithe), Mr. J. Vinall (Hackney), Dr. Whiteman (Putney), Dr. Tilbury Fox, Dr. King (Camberwell), Mr. W. Kelly, Mr. Jabez Hogg, Mr. G. H. Macnamara (Uxbridge), Mr. Guazzaroni, Mr. Frost (Kensington), Mr. E. Sandwell (Westminster), Mr. R. Bruce (St. Luke's, City), Dr. Pike (Weyhill, Hants), Dr. Dixon (Bermondsey), Mr. C. C. Claremont (St. Pancras), Dr. Cook (Hampstead), Dr. Ashforth (Market Overton), Mr. J. M. Ashforth (Sedlescombe), Dr. G. Slight, Mr. J. Norton (Holborn), Mr. J. Burrough, Mr. Baxter Langley, Mr. E. D. Barlow, &c. &c.

The chair was taken by Dr. Rogers, the President of the Association.

The PRESIDENT rose and delivered the following address. He referred to the steps taken to petition Parliament, and then pointed out, as a natural result he had long prophesied, that the London ratepayers were so alarmed at the reckless and injudicious local expenditure to which they were subject, that they were rising in rebellion against Mr. Hardy's Act. Having reason to believe that the system of medical relief to the poor in Ireland was vastly superior to ours, he had obtained some valuable information from the chief clerk to the Irish Commission. In thirteen months after the Irish Charities Act came into operation dispensaries had been established, and were in working order all over, and even in the remotest districts of, the island. Under the first year's working of the Act the total expenditure on the poor was £937,556. After it had been in operation seven years the amount had diminished to £513,048. Up to 1867 it had slowly risen again, doubtless owing to the depressed state of the country. Notwithstanding this, the figures for 1867 represented a diminution of £142,662 upon the outlay for 1852. Medicines and appliances for 1867 cost £21,776. The salaries of medical officers amounted to £72,353, and the total was £118,117. Deducting this from £794,894, the amount expended for the relief of the poor during the year 1867 would show the proportionate amount which medical relief bore to the general local poor rate. Starting from the same date a return issued by the English Poor-law Board showed that the total amount expended for the relief of the poor in 1852 was £4,897,685. From that period to 1867 there had been a nearly constant and steady increase of taxation under this head, until in 1867 it had reached the enormous sum of £6,959,841, or 6s. 6¼d. per head of population; in fact, it had increased to the extent of £2,062,155. He had good reason for believing that if we had the returns to the present time, still more damaging figures would come out. The amount of money expended for medical relief to the poor in England and Wales was £272,225. In Ireland £118,000 was expended for five and a half millions; in England £272,225 was expended for a population of nearly four times the number. If, therefore, the English and Irish scales were assimilated, we should require the gross amount to be nearly £200,000 more, in order to secure for the English medical officer even the scanty measure of justice now accorded to the Irish. Dr. Rogers, after entering into a vast array of statistics, drew the following conclusions:—"Now what should be the remedy for this state of things? Having so excellent a Poor-law medical service in the sister island, I would urge that it should be made the basis of any alteration in England and Wales. Above all things, I must press that all medicines and appliances should be provided at the public expense, not grudgingly, but at the discretion of the medical officer, subject of course to the supervision of persons competent to judge his requirements; and that dispensaries should be established in all fitting localities, and, in populous places, dispensers appointed. Should this be done, it would involve a probable annual outlay of, say, in round numbers, £500,000, of which some £86,000 would have to be expended in medicines and medical appliances—i.e., arguing from the Irish figures—leaving £414,000 available for the salaries of medical officers, dispensers, and for contingencies. The question now arises, from what sources should this sum be raised? I utterly despair of ever inducing the general body of guardians throughout the country to act justly, or even with an intelligent regard to the public interest in this matter (cheers); and as the sickness of the poor should be a matter of national concern, I would throw the whole of the salaries of the officers—instead of, as at present, the half of them—upon the consolidated fund, compelling boards of guardians to find medicines." (Cheers.)

The PRESIDENT moved the adoption of the quarterly report of the Council, which detailed their labours in endeavouring to obtain parliamentary support for the views of the Association.

Dr. FOWLER (East London Union) seconded the adoption of the report, and expressed the deep debt of gratitude which they must all feel to their President for his excellent address. The figures alone must have cost him great labour; for great care was necessary to place them out of reach of the antagonism of busy brains and busy fingers, that would try to take them to pieces. He was of opinion that a better treatment of the sick poor was true economy, and if this had been done before, Mr. Hardy's lavish Act would never have been needed. Preventable diseases would already have been, in great measure, stamped out in the dwellings of the poor. There was one drawback to the proper appreciation of this subject by the public. The amount placed under the head of "medical relief" by the Poor-law Board seemed a considerable sum. Now, speaking for his own Union, he could say that the expense under this head had largely increased, while the medical officers had received no increase of salary at all. The fact was that under this head were comprised not only medical officers' salaries, but medical appliances, drugs, subscriptions to public hospitals and infirmaries, and even wine and spirits given to the sick. The ratepayers saw this item constantly increasing, and yet the medical officers still grumbled. Dr. Fowler contended that this want of proper specification was unjust to medical officers, and that the public ought, by every available means, to be set right on this point.

Dr. DIXON (of Bermondsey) moved the first resolution:—"That this meeting is of opinion that the salaries of the Poor-law medical officers have been fixed by the guardians arbitrarily, and without regard to any uniform standard of remuneration; that they have not been raised in proportion to the increase of the population, the ratio of pauperism, and the diminished value of money; and that, for the most part, they are very inadequate to the onerous and responsible duties which the medical officers are required to perform." Dr. Dixon considered it indisputable that, considering the nature of their duties, the risks they had to run from contagious diseases, the time and expense bestowed upon obtaining their double qualification, medical officers were wretchedly paid. Parish cases were more troublesome than private cases. They might decline to attend, or they might send an assistant to a private patient, while they could not do so to a parish patient. The average fee per case in the metropolis was 1s. 5d., the average cost of medicine 11¼d.; about 6d. per case, therefore, remained to repay the medical man for his time, patience, and skill in attending a case, which might last twenty-one days. The average cost, per case, of medicine in the country was 1s. 5¼d., the average pay was 3s. 3¼d.; leaving 1s. 9¼d. for professional skill and time. Nor was even this miserable allowance uniform; in some cases it fell as low as 3d. per case. A skilled mechanic was better paid. Parish practice was also detrimental to private practice. People who had once received medical relief from the parish seldom paid for a doctor afterwards. He thought some line ought to be drawn—say when the husband is receiving £1 per week—beyond which medical relief should not be given out of the parish rates. Of the 168 medical officers in the metropolis 16 receive less than 1s. per case; 48 receive 1s., and less than 2s.; and two-thirds receive less than 3s. per case. With this the speaker contrasted the pay and treatment of medical men in the naval service, and even in gaols, and

concluded by urging members to put the facts of their cases boldly before their respective Boards, from which the Poor-law Board would be sure to hear of them.

Dr. WELCH, in seconding the resolution, said he had been fourteen years medical officer for Bethnal-green. The number of cases he attended in 1865 was 1213; in 1866 they had amounted to 1871; and in 1868 to 2198. His salary for all this work and 10,917 mixtures and medicine was £120 per annum. He had applied for an increase of salary under these circumstances, but the guardians had put off the consideration of his application. In the cholera year a professional gentleman was engaged for a certain time to take a part of the work, and he had calculated that if he (Dr. Welch) were paid according to the same scale as that gentleman was paid—and the charge was sanctioned by the Poor-law Board—he ought to be in receipt of £1600 a year. Instead of this, the Bethnal-green guardians were hesitating as to whether he was to have more than £120 a year. He gave them the facts of his own case, but he believed he might justly say, *ex uno disce omnes*.

Mr. HOGG, a member of the St. Giles's Board of Works, wished to impress upon the Association the necessity of making known all this to the public out of doors. He was sure the facts were not known as they ought to be. Sir John Gray and Mr. Torrens had told him they were powerless in the House unless public sympathy went with them. He would therefore move, if he were not out of order, that the President's speech should be printed and extensively circulated.

Dr. FIRTH (Rotherhithe) seconded the motion, which was put and carried.

Dr. GODDARD moved the third resolution: "That permanence of appointment is essential for the due and independent discharge of the duties of Poor-law medical officers." In support of the resolution the mover quoted from the evidence of the Rev. Chairman of the Hampstead Board of Guardians before a Select Committee. That gentleman, while he wished no change to be made in respect of medical officers, strongly maintained that in the case of chaplains, permanence of appointment was essential. Dr. Goddard maintained the two cases were parallel. Permanence was as necessary for effective and independent action in the one case as in the other.

Dr. THOMAS briefly seconded the resolution, which was carried unanimously.

Mr. BENSON BAKER moved the fourth resolution, which affirmed "that the medical officers are justly entitled to superannuation allowance in common with the members of the Civil Service." The medical officers had no half-holiday, no vacation. Their duties were perpetual; and he, therefore, maintained they were as well entitled to a retiring allowance as any other public servants.

The resolution was seconded by Dr. SMYTHE, and carried.

The PRESIDENT read a letter which he had received from a country medical officer, who expressed his sympathy with the Association's views, and gave him permission to lay his case before the meeting. He had been a Poor-law medical officer over forty years; he had received testimonials—at one time a silver salver, at another a piece of plate, presented to him by the poor—and yet all his applications for an increase of salary were without effect. After forty years he was still receiving £75 a year for attending to a country population of 6000 inhabitants.

Other resolutions were passed, to the effect that a petition, embodying the foregoing resolutions, should be presented to the House of Commons; likewise that the report of the Council and of the meeting should be forwarded to the President of the Poor-law Board; and the meeting terminated with a vote of thanks to the Chairman and the Council for their zealous services.

MANCHESTER MEDICAL SOCIETY. — The following gentlemen were elected office-bearers for 1869, at the annual meeting held on the 13th ult. President: Dr. Simpson. Vice-Presidents: Dr. W. Roberts, Mr. Windsor, Dr. Fletcher, Mr. Galt. Treasurer: Mr. Lund. Librarian: Dr. Little. Hon. Secretary: Mr. W. Heath. Committee: Dr. Finlayson, Dr. Gumpert, Dr. Hardie, Mr. Mellor, Mr. Melland, Dr. John Roberts, Dr. Lloyd Roberts, Mr. G. W. Smith, Dr. Stone, Dr. Thorburn, Dr. Wahltuch, Mr. Whitehead. Auditors: Dr. Browne, Dr. Nesfield.

Correspondence.

"Audi alteram partem."

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—By desire of the President of the Society for Relief of Widows and Orphans of Medical Men, I beg to forward you the following particulars, thinking the information may be acceptable to the members of the profession.

During the last year, the total amount distributed in relief was £250 4 10s., the number of recipients being fifty-four widows and twenty-six children. Additional relief was granted to two widows and two children from the Copeland Fund. This fund the directors were enabled, through the great liberality of the late Thomas Copeland, Esq., to form for giving additional assistance to widows and orphans already in receipt of ordinary relief, under special circumstances of unusual distress from great bodily or mental infirmity.

The Society, although at present able to meet the demands made upon its funds, cannot continue to do so unless well supported by the richer members of the profession. The number of applicants is yearly increasing, and likely to do so, as a reference to the list of members will clearly prove.

Trusting you will kindly accord a prominent notice in your journal of the foregoing statement,

I am, Sir, your obedient servant,

JOS. B. BLACKETT,
Secretary.

Berners-street, Feb. 4th, 1869.

CASE OF EXTROVERSION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—The following most extraordinary case, which occurred in the practice of my father, may be considered not unworthy of record in the pages of THE LANCET.

He was summoned, some time since, to attend MRS. A——, who had fallen in labour of her sixth child. The case went on quite well, the patient being soon delivered; but on proceeding to extract the placenta, and applying, with that object, a comparatively slight degree of force to the funis, the uterus, with the placenta still contained in it, descended bodily below the os externum, falling below the patient's thighs. My father, having carefully removed the placenta, while the uterus was thus abnormally situated, reduced the prolapsus, which was done with the utmost ease, and the case went on afterwards without a bad symptom. There was very little hæmorrhage. It is very remarkable that the patient had never previously suffered from prolapsus uteri in the slightest degree; nor has she been troubled with that distressing affection since.

I am, Sir, your obedient servant,

ANTHONY CLARENCE FOSTER, M.R.C.S.

Park-place, Leeds, Jan., 1869.

HOSPITAL APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—I am anxious to call the attention of the profession to a great abuse in the present system of junior hospital appointments. A striking example of the injustice I refer to has lately occurred in connexion with one of the best metropolitan hospitals.

It is usual to advertise the vacant posts of resident medical officer, house-surgeon, &c., in the medical journals. The objects are twofold—firstly, competition; secondly, the best man for the place. But are such the practical results? No. As regards competition, the candidate from the hospital school generally gets it. This seems only just. But why put other candidates to expense and trouble without the faintest chance of success? Why cannot the system in force at one or two large provincial hospitals, with which I am acquainted, be adopted generally? A notice of the vacancy and requirements is posted up in the hospital for a

period of two or three weeks, for the benefit of the students of the school. Of these candidates, the best is selected; but should none of them comply with the required standard, or no students compete, the post is then advertised, and pupils of the institution are treated with other candidates in the usual manner in which public competition is conducted.

In the case I have referred to, the men ultimately selected for the posts were known to be virtually accepted long before the advertisement was inserted. The medical profession needs reform as much as most professions,—perhaps not more, certainly not less. The antiquity of evils like the above is no argument for their maintenance. I wish it was within the province of the Medical Teachers' Association, or some other young and spirited body, to undertake the very desirable though difficult task of medical reform. I am, Sir, yours faithfully,

Jan. 27th, 1869. F. M. P.

ABUSE OF HOSPITAL RELIEF.

To the Editor of THE LANCET.

SIR,—I hope you will give your weighty support to the proposal of *The Times* that a Royal Commission should be appointed to investigate the question of hospital administration, and the possibility of putting some restriction upon the indiscriminate manner in which medical relief is now very generally administered. I live in the neighbourhood of a large hospital, which sends out students to attend upon midwifery cases in considerable numbers, and I have frequently found that they have attended patients who used to pay my fee (not a large one) without the least difficulty. Since the establishment of the Hospital for Children, tickets for which appear to be unnecessary, and are at all events very easily obtained, my practice of giving advice in my surgery for 1s. or 1s. 6d. a time, has fallen off to the extent of 30s. per week, a sum which I can ill afford to lose; and it constantly happens that serious cases have been taken to the hospital until too ill to go there, and I am only sent for because the patients are not visited at home.

Only a few weeks ago I discovered that a family, the head of which used cheerfully to pay me £8 or £10 a year, is now in the habit of resorting to a neighbouring hospital. In fact, it is impossible to state the amount of injury which is now being done to, Yours obediently,

Feb. 2nd, 1869. A STRUGGLING GENERAL PRACTITIONER.

MEDICAL CHARGES.

To the Editor of THE LANCET.

SIR,—The admirable article in your journal on the charges of medical men is deserving of the highest praise. If your readers would act on the advice there given, there would be few disputes as to the doctor's bill. It is the fault of the members of our profession that such disputes arise, because, while the medicines are mentioned in the charges—to say nothing of the cases in which a bill of items is sent to the patient—we allow that we derive profit from the sale of drugs; and the buyer, therefore, is anxious that we should get a fair profit, and nothing more. If medical men would give up all charge for medicines, substituting a proper fee for each visit, and supplying drugs (in cases where none could be obtained elsewhere) *gratis*, they would take the position to which they are entitled—viz., that of men not living on profit derived from the sale of drugs, but members of a noble profession, whose remuneration is for skill applied in the treatment of disease and the relief of suffering humanity.

I am, Sir, yours, &c.,

MEDICUS.

DR. BALLARD'S report on the health of the Islington district during December last indicates a low mortality, but an excessive amount of sickness among those who receive gratuitous medical relief. There were but few cases of small-pox, and scarlet fever appeared to be declining. Measles was prevalent, there being 161 cases, and 31 deaths.

MEDICAL TRIAL.

COURT OF QUEEN'S BENCH, FEB. 1.

THE QUEEN V. PATTISON.

THIS was an application by Mr. Charles Hay Frewen for a criminal information against Dr. James Pattison, late of Welbeck-street, for certain libellous letters, and for threatening to publish certain libellous matter. The case was this:—Dr. Pattison had attended the late Mrs. Frewen, who had suffered under cancer, and subsequently died. He had received 150 guineas for his services, but claimed 100 guineas more, and this being refused he wrote a series of letters to Mr. Frewen of a very offensive character, and suggested that he intended to describe the case in a work he was about to publish, with all the details of that cruel and painful disease. Mr. Frewen referred him to his attorney, and declared his full readiness to meet the claim in any fair and proper way. But an action which had been commenced to recover the money claimed was not proceeded with, and, instead of that, these letters continued to be sent. When Mr. Frewen returned them others were sent open, so that anyone could read them; and the defendant threatened that the next should be on cardboard and sent to Mr. Frewen's club. The Court had at once granted the rule, and there was no affidavit in denial.

Mr. M. CHAMBERS now appeared on the part of Dr. Pattison to express his profound regret for what he had done, and to declare that he had published his book without including the case referred to. Under these circumstances, he hoped it would not be necessary to make this rule absolute.

The Hon. G. DENMAN (with him the Hon. Alfred Thesiger) appeared for Mr. Frewen, and said the only object of that gentleman had been to rebut the painful reflections which had been made upon him, and, having done so, he did not desire (unless the Court thought it was absolutely incumbent upon him to do so) to press for the criminal information.

The Court, however, hesitated for some time before they could accede to the suggestion.

Mr. Justice BLACKBURN observed that the case seemed to come within a recent Act, which provided that if any person should publish, or threaten to publish, any libel, or should offer to prevent the publication of any matter, with intent to extort money, such person shall be liable to be imprisoned, with hard labour, for three years. As the case stood, he could hardly conceive of a case more clearly within the terms and spirit of the statute, and he felt a great reluctance to acquiesce in the dismissal of such a case.

Mr. Justice MELLOR also remarked that he had never felt more disgusted in his life than he had been at the course taken by the defendant in this case, and it appeared really to have the character of a criminal offence.

Mr. CHAMBERS suggested that, supposing the case came within the criminal law, the party was liable to indictment.

Mr. DENMAN observed that it was extremely distasteful, and, indeed, positively painful, to Mr. Frewen to have to bring such a case forward; and it would be still more so to have to prosecute it, though if the Court went so far as to say he was bound to do so, he would not shrink from his duty.

Mr. Justice BLACKBURN, after some consultation and hesitation, said this was one of the numerous instances which arose to make him regret the absence of public prosecutors; for he could very well understand that it must be extremely distasteful to a gentleman to have to prosecute such a case, and this Court could not forget that they had no power to bind him over to do so. To make the rule absolute for a criminal information, therefore, in the face of the fact that the applicant was satisfied, and was not desirous of pressing it, would be only to place this Court in a false position. He believed there was no instance in which a rule for a criminal information had been made absolute notwithstanding that the applicant had declared himself to be satisfied; and the Court were not prepared, in the present case, to make a precedent. It appeared to him, however, that the case came clearly within the criminal law to which he had referred, and he was sorry the applicant had been satisfied with an apology; but he did not see that any

good could be done by attempting to force him to prosecute the case against his will. The rule, therefore, might be discharged, as desired.

Mr. Justice MELLOR said he concurred in consenting to that course with very great regret; and, indeed, he could not help thinking that when a gentleman came for a criminal information in such a case he ought not to be satisfied with an apology, however ample and abundant. He confessed that in so extraordinary and abominable a case he felt extremely reluctant to accede to a withdrawal of the charge; but, as there was no precedent of an applicant being forced to prosecute a criminal information, he could not oppose the discharge of the rule, however much he might feel that a gentleman ought not to invoke the special interposition of the Court without being prepared to carry on the case to a conclusion.

Mr. DENMAN: We were prepared to do so if there had not been an apology.

Mr. Justice HAYES concurred.

The rule was discharged on condition of payment by the defendant of all the expenses incurred.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on January 28th, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—

Corfield, William Henry, M.B. Oxon., University College.
Fox, Alexander, Finsbury-pavement.
Mayo, Chas., M.B. Oxon., Belgrave-mansions, Grosvenor-gardens.
Ord, William Miller, M.B. Lond., Streatham-hill.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 28th ult.:—

Banks, Richard, Cockermouth.
Burroughs, Benj. Power B., Flax Bourton, near Bristol.
Dean, Edwin, Slaithwaite, near Huddersfield.

As Assistant in Compounding and Dispensing Medicines:—

Job, Thomas, Tavistock.

The following gentleman also on the same day passed his first examination:—

Morris, William, Birmingham.

At the preliminary examination in Arts, held at the Hall of the Society on Jan. 29th and 30th, thirty-five candidates presented themselves, of whom ten were rejected, and the following twenty-five passed, and received certificates of proficiency in General Education:—

FIRST CLASS.—Henry Boyson, Joseph Foreman, Arthur Jones, and Fredk. Edward Woodward.

SECOND CLASS.—Matilda Chaplin, William Robert Channell, Bolton Geo. Corney, Lewis Davies, Charles Walter Godfrey, William Homewood Gravely, Keith Foster Hodgson, Thomas Jones, Robert H. Kellie, Fred. William Lewis, Edward James Lloyd, Herbert Page, Alfred P. Pilgrim, Walter Pocock, Thos. M. Rays, Charles Rees, Everard Home Saunders, Charles Louis Isidore de Scilas, Charles Seymour, George Augustus Slater, and John Douglas Scoffern.

ROYAL COLLEGE OF SURGEONS, IRELAND.—On the 26th and 27th ult., nineteen candidates went up for the second half of the examination. The following obtained the licence:—

John Atkinson, Sibthorpe Brady, Robert Browne, B. Butler, Patrick Callan, Joseph Clendinnen, Andrew Conolly, Robert Fletcher, George Hornidge, Ambrose Kelly, Edward Kitson, James Macnamara, Thomas Mahon, Daniel O'Sullivan, R. Thomson, R. Townsend.

DR. WILLIAM CARR (of Blackheath?) has been elected a Fellow of the Linnæan Society.

BARON ANSELM DE ROTHSCHILD has given the sum of 200,000 florins for the erection of an hospital for Jews, to contain 100 beds, in Vienna.

A CLERGYMAN, and two other persons, have been fined by the magistrates of Farringdon, Berks, for neglecting to transmit certificates of successful vaccination of their children to the registrar within twenty-one days.

ANOTHER death from hydrophobia (making the fifth during the last five months) has just occurred at Halifax. In this case the fatal bite was received about Midsummer last, and symptoms were first observed only a week before death ensued.

MORTALITY FROM SNAKE BITES IN INDIA.—It appears from the Oude Administration Report that during the past year 1127 persons died from the effects of snake bites in that province, and from the Central Provinces Administration Report that 1874 deaths had occurred in them from the same cause during the three preceding years.

DR. LETHEBY'S report on the vital statistics of the City of London for the past year shows that within the City a regular decrease is going on year by year in the ratio of births, deaths, and marriages to the population.

THE Registrar-General refers, in his last weekly return, to the effect of the change of temperature upon the mortality, showing that the deaths in the second fortnight of the last month were raised 9 per cent. above those in the preceding fortnight, in consequence of the low temperature occurring between the 19th and 20th of the month.

MR. JOHN ANGUS, M.R.C.S., has obtained a verdict of damages for £1000 against the Great Northern Railway, one of whose vans knocked down and ran over Mr. Angus's child, fracturing his thigh, and crushing two of his fingers so much that they had to be amputated.

NEW INFIRMARY FOR CHILDREN AT LIVERPOOL.—The newly-erected Children's Infirmary in Myrtle-street, Liverpool, was opened for inspection on Saturday last. Thirty-one beds are ready, and others are being prepared.

ACCORDING to the "Gateshead Observer," fever is distressingly prevalent just now in the village of Dunston, which is described as "nestling on the banks of one of the healthiest and cleanest portions of the Tyne."

AT the Lanchester Petty Sessions, last week, upwards of forty persons were fined for neglecting to send vaccination certificates to the registrar.

DURING the six months ending December 31st last, 493 women were admitted and delivered in the City of London Lying-in Hospital; 499 children resulted from these deliveries, six twins being included in the number, and in twenty cases the children were stillborn.

THE "Neue Presse" states that eleven men and three women died in Ickutsk in 1867, all of whom were over 100 years old; of these six are said to have been over 110, one being 126 and another 131 years of age.

MR. JOHN W. BARNES, of Perry-hill, Sydenham, has been elected by the Board of Guardians for St. Pancras to be medical officer and public vaccinator for No. 5 district, at a salary of £150 a year and vaccination fees, in the room of Dr. Saul, resigned. The medical officer finds all drugs, except cod-liver oil and quinine, which are supplied by the guardians.

DR. SAMUEL TAYLOR CHADWICK, of Southport, who has already given £17,000 for charitable purposes to the town of Bolton, in which he practised for many years, has given an additional sum of £5000, which is to be appropriated for the erection of model dwellings for artisans and an orphan asylum.

ACTION TO RECOVER MEDICAL FEES.—Drs. Glazebrook and Gill (of Liverpool) have recovered £25 and £45 respectively from a farmer, for attendance on his son-in-law for a dangerous wound of the abdomen. The case was an anxious and difficult one. The defendant had repeatedly urged Dr. Glazebrook to get assistance, and spare no expense. But when the bills came to be paid, the defendant demurred, and said he expected Reynolds—his son-in-law—to pay them. If his circumstances were as poor as he represented through his counsel, he should have made this apparent at the beginning.

THE "Illustrated Melbourne Post," of December 3rd, has a sketch of the Mount Gambier Hospital now in course of erection, from which we gather that that institution, when completed, will be a very handsome and commodious building. The foundation-stone was laid on the 12th February, 1867, and the west wing (accommodating thirty-six patients) is now completed. The dry earth system has been adopted in preference to water-closets, although there is an abundant supply of water. The grounds extend over about seventeen acres.

Medical Appointments.

BATEMAN, C., M.R.C.S.E., has been appointed Medical Officer for the East District of the Bingham Union, Nottinghamshire, vice Henry Wright, M.R.C.S.E., deceased.

BROCKLEHURST, T. H., M.R.C.S.E., has been appointed Resident Medical Officer to the Hulme Dispensary, Manchester.

CLARKE, J. C., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Bramley Union, Yorkshire.

CROFT, F. J., L.R.C.P.Ed., has been appointed Surgeon to the Hill-top and District Friendly Societies, West Bromwich.

DIVER, E., M.D., has been appointed Medical Officer for the Coulsdon District of the Croydon Union, Surrey.

DONOVAN, Mr. W., has been appointed Apothecary to the North District Branch Dispensary of the Cork Union, vice Rearden, appointed to the Central Dispensary.

FIELD, G., M.R.C.S.E., has been appointed Aural and Ophthalmic Clinical Assistant to St. Mary's Hospital.

GIBB, D., M.D., has been appointed Medical Officer and Public Vaccinator for the District of Chapel Hall, in the Parish of Bothwell, Lanarkshire, vice R. Young, M.D., deceased.

HESLOP, T. P., M.D., has been appointed Physician to the Queen's Hospital, Birmingham, vice B. W. Foster, M.D., resigned.

HUXLEY, J. U., M.D., has been appointed Surgeon to the Torbay Infirmary and Dispensary, Torquay, vice Isaac B. Toogood, M.R.C.S.E., resigned.

JOSEPH, T. M., L.R.C.P.L., late House-Surgeon to University College Hospital, has been appointed House-Surgeon to the Halifax Infirmary and Dispensary, vice T. M. Lee, M.R.C.S.E., resigned.

KEDDELL, W. F., M.R.C.S.E., has been appointed Assistant-Surgeon to the General Infirmary, Gloucester, vice T. S. Ellis, M.R.C.S.E., promoted to Surgeon.

MACTURK, W., M.D., has been appointed Consulting Physician and a Vice-President of the Infirmary and Dispensary, Bradford, Yorkshire, on resigning as Physician.

NASON, E., M.R.C.S.E., has been appointed Medical Officer for the Bampton East and Bampton West Districts of the Tiverton Union, Devon, vice H. J. Edwards, M.R.C.S.E., resigned.

POLLARD, J., M.R.C.S.E., has been appointed Surgeon to the Torbay Infirmary and Dispensary, Torquay, vice W. W. Stabb, M.R.C.S.E., resigned.

REARDEN, M., L.A.H. Dub., has been appointed Apothecary to the Central Dispensary, Cork, vice G. Torbuck, L.A.H. Dub., deceased.

STOCKWELL, J., L.R.C.P.Ed., has been appointed Certifying Factory Surgeon for the District of Balfron, Stirlingshire, vice J. M'Gibbon, M.D., deceased.

TANNAHILL, Dr. R. D., has been appointed to the newly-established office of Vaccinator to the Royal Infirmary of Glasgow.

TOMES, Mr. C. S., has been appointed Resident Obstetric Assistant at the Middlesex Hospital for a term of three months, vice J. A. Thompson, M.R.C.S.E., whose appointment has expired.

TOOGOOD, I. B., M.R.C.S.E., has been appointed Consulting Surgeon to the Torbay Infirmary and Dispensary, Torquay, on resigning as Surgeon.

VINCENT, OSMAN, M.R.C.S.E., has been appointed Chloroformist to the Middlesex Hospital, vice Dr. John Murray, resigned.

WELLINGS, R., M.R.C.S.E., has been appointed Medical Officer for the Catherington Union, South Hants, vice J. T. Kirkman, F.R.C.S.E., resigned.

WHIPHAM, T. T., M.B., M.R.C.P.L., has been appointed Physician to the West London Hospital, Hammersmith, vice John Tatham, M.D., resigned.

WILLIAMS, W., M.D., has been appointed Medical Officer and Public Vaccinator for the Mold District of the Holywell Union, Flintshire, vice E. G. Clarke, L.R.C.P.Ed., appointed to the Putney District of the Wandsworth and Clapham Union.

WILSON, J. M., M.B., C.M., has been appointed House-Surgeon to the County Hospital, Huntingdon.

WISEMAN, J. G., L.R.C.P.L., has been appointed Assistant House-Surgeon to the West London Hospital, Hammersmith, vice H. F. Haynes, M.B., resigned.

WOODMAN, J., M.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Exeter Incorporation of the Poor.

WOODWARD, E., L.R.C.P.Ed., M.R.C.S., has been appointed Public Vaccinator to the North-western District of the Freebridge Lynn Union, and to the King's Lynn Union, King's Lynn.

WRIGHT, E. P., M.D., has been appointed Professor of Botany in Trinity College, Dublin, vice Alex. Dickson, M.D., appointed Regius Professor of Botany in the University of Glasgow.

Births, Marriages, and Deaths.

BIRTHS.

BURNS.—On the 3rd inst., at Sandgate-street, Ayr, N.B., the wife of Wm. M'G. Burns, L.R.C.P.Ed., M.R.C.S., of a son.

ELLISTON.—On the 1st inst., at Manor House, Ipswich, the wife of W. A. Elliston, M.D., of a son.

KELLY.—On the 19th ult., at Crook, Durham, the wife of W. M'D. Kelly, M.D., of a son.

KIDD.—On the 29th ult., at Newton-terrace, High-road, Lee, the wife of Staff Surgeon Leonard Kidd, M.B., Army Medical Department, of a daughter.

LANGSTAFF.—On the 18th ult., at Athlone, the wife of H. H. Langstaff, M.B., of a son.

MACKENZIE.—On the 25th of Nov., 1868, near Bowenfels, New South Wales, the wife of Dr. W. F. Mackenzie, of West Maitland, of a son.

SOMERVILLE.—On the 2nd inst., at Haverigg House, Gosforth, Cumberland, the wife of Walter Somerville, M.D., of a son.

MARRIAGES.

ANDERSON—ANDERSON.—On the 27th ult., William Anderson, M.R.C.S.E., of Pleasant-row, Newcastle-on-Tyne, to Mary Gibson, daughter of Mr. C. G. Anderson.

BARRY—HARDING.—On the 21st ult., at Sulgrave, Northamptonshire, John Milner Barry, M.D., of Tunbridge Wells, to Rosa, daughter of Captain J. W. Harding.

FISHER—BAKER.—On the 28th ult., at West Buckland, Stephen Winter Fisher, M.D., of Bristol, to Mary Anne, daughter of Henry Baker, Esq., of Ham House, Somersetshire.

WOODHOUSE—CHAWNER.—On the 1st inst., at the Parish Church of Newton Valence, Hants, Thomas James Woodhouse, M.D., F.R.C.S., of Ranelagh Lodge, Fulham, to Florence, youngest daughter of the late Captain Edward Hoare Chawner, 4th Dragoon Guards, of the Manor House, Newton Valence, Hants.—No Cards.

DEATHS.

ARMSTRONG.—On the 1st inst., George Hillas Armstrong, M.R.C.S.E., of Duke-street, St. James's, aged 66.

CRAINE.—On the 25th ult., Robert E. Craine, M.R.C.S.E., of Ramsay, Isle of Man.

PETTINGAL.—On the 24th ult., at Clapham, Fred. J. Pettingal, M.R.C.S.E., Surgeon Bengal Service, aged 40.

ROWDON.—On the 21st ult., Henry Mortimer Rowdon, M.D., of Nottingham-place, Regent's-park, aged 51.

Medical Diary of the Week.

Monday, Feb. 8.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON. — 8 P.M. Casual communications. — 8½ P.M. Mr. Wm. Adams's second Lettsomian Lecture, "On Strumous Diseases of the Joints, their Pathology and Treatment; also, the Treatment for the Restoration of Motion in Cases of Stiff Joint or Partial Anchylosis."

Tuesday, Feb. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Westmacott, "On Fine Art."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Hooker, "On Ceremonies accompanying Childbirth in Australia and New Zealand." — Mr. H. M. Westropp, "On Cromlechs and Megalithic Monuments."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY. — 8 P.M. Ballot. — 8½ P.M. Mr. John Wood, "On Fission and Extroversion of the Bladder and Epispadias treated by Plastic Operations."

Wednesday, Feb. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Dr. Ed. Goodeve, "On the Cholera Epidemic of 1867 in Northern India."—Mr. Radcliffe, "On Fluctuations of the Subsoil Water in a London Parish."

Thursday, Feb. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. M. Foster, "On the Involuntary Movements of Animals."

Friday, Feb. 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 8 P.M. Colonel D. Jervois, "On the Coast Defences of England."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Buzzard, "On a Case of Acute Rheumatism in an Epileptic Patient." — Mr. Maunder, "On a Case of Colotomy."—Dr. Duffin, "On the Treatment of Cases of Syphilitic Rheumatism."—Dr. Baümler: "Cases of Non-Tuberculous Hæmoptysis."

Saturday, Feb. 13.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Hydrogen and its Analogues."

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line.....	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

Notes, Short Comments, and Answers to Correspondents.

SNAKE-BITES.

WHILST we confess not to have made up our minds as to the real value of Dr. Halford's procedure, and are waiting for further particulars and additional corroborative testimony, "A late Resident in India" appears to have quite settled the matter to his own satisfaction. According to him, a solution of ammonia is both an old and a sure remedy, and as efficacious and speedy in its action when taken into the stomach as when injected directly into the blood through a vein. Nay, to use a vulgar illustration, "there is nothing like leather;" and a correspondent to *The Times* accordingly assures us that it has been found to cure hydrophobia in its worst forms as readily as poisoning resulting from snake-bites. That the use of ammonia is an old and not uncommon application in the case of bites of venomous animals, we have already stated; but as to its curing the effects of a snake-bite, when administered in the doses and by the method stated, we have the gravest doubt; and as to its curing hydrophobia, our scepticism amounts to positive incredulity. If the man who is his own lawyer has a fool for his client, we venture to think the individual who would treat the maladies of himself or his household with the remedies vaunted from time to time in the daily papers as no better. They are almost invariably useless, and, as in a recent case, sometimes much worse. It is astounding that anyone can be found who would give credence to the various self-constituted authorities in medicine. The wonder is that, with so many certain remedies for every disease, we should any of us die of anything but old age. Without wishing to throw discredit upon Dr. Halford's discovery, we certainly require, as we said last week, a great many additional facts before we can pronounce a decided opinion on the merits of ammonia as an antidote. In one of the cases the snake was so injured as to appear dead when the patient was bitten by it, and he had been subjected to galvanism before the injection of ammonia was performed. We should likewise be glad to ascertain exactly what kind of snake it was, and whether snakes in Australia are as poisonous as the cobra and others in India and elsewhere. The man who was bitten by a cobra in the Zoological Gardens some time ago, if we remember aright, died about an hour afterwards. Any remedy would, therefore, require to act energetically and speedily, and we venture to think, with Dr. Halford, that its injection into the circulation is the speediest and most direct way of proceeding, although the practice is not unattended with danger, and would not be available even to so acute a man as "the late Resident in India."

Beta would probably find all he requires in Dr. Attfield's work on Pharmaceutical Chemistry. He might also consult Lescher's New Guide to the Modified Examination of the Pharmaceutical Society.

AN EVIL REQUIRING REMEDY.

To the Editor of THE LANCET.

SIR,—Having been a visitor for some time to the infirm wards of a workhouse, I have noticed very often a cause of great pain to the inmates. It is that among so many very old people deaths are frequent; and sometimes for many hours, even for many days and nights, the gasps of the dying and already unconscious sufferers distress the rest of the inmates. I would beg to suggest that in these cases, and generally when the state of the sick person is such as to disturb the sleep or in any way to become a cause of distress to the other inmates (now often between twenty and thirty in number), they should be removed into a smaller ward. No doubt this suggestion has been made many times before; but I have seen the evil so strongly myself that I thought I had better mention it.

I remain, Sir, yours respectfully,

February 1st, 1869. A LADY WORKHOUSE VISITOR.

*** We cordially endorse the importance of this suggestion; but until the superintendence of the sick and dying is much better than it is at present, we fear that there would be considerable danger in removing the dying from the wards of workhouses. In a small room the patient might be *turned on his side*" to accelerate the death, and the perpetrator would escape detection. We have ourselves observed the same distressing annoyance in some of the general hospitals, where there would be no difficulty or impropriety in obviating it. Not long ago we saw a case of brain disease, in which for a whole week the sufferer disturbed a ward full of patients by her continued cries and moaning. Every hospital should be provided with a small secluded room for such cases, and we hope the matter will not escape the attention of the managers of the new Pauper Hospitals, where the nursing will probably be organised on a better scale. —ED. L.

PROFESSIONAL ADVERTISING.

WE have received a circular which has been distributed by a surgeon in the neighbourhood of Derby among his patients, or rather the patients of his predecessor and those of other medical men in the locality. He promises earnest endeavours to win the confidence of the late Mr. ——'s patients, and shows that he is likely to keep his promise both from motives of self-interest and the higher motive of interest in the widow of his predecessor. The circular would do admirably for an enterprising tradesman, but is decidedly unprofessional.

L. G. wishes to know the result of the meeting of the dispensers at the London Hospital respecting the Pharmacy Act.

BRIGHTON AND HOVE DISPENSARY.

A GRATIFYING report of the working of this charity was read and adopted at the annual meeting of the Governors on Thursday, the 21st ultimo. Among the changes effected in the course of last year was the substitution for district medical officers of two additional resident house-surgeons, who should give their whole time to the working of the institution. The premises had to be altered and enlarged in conformity with this change; and although considerable expense was thereby incurred, the Governors took the judicious step of increasing the salaries of the two senior resident house-surgeons from £100 to £120 a year each. Several minor improvements in the administration of the charity attest still further the enlightened vigilance of the Governors, and most materially strengthen their appeal to the benevolence of its friends and patrons. The aggregate of patients relieved during last year was 15,436, being 2000 (save one) in excess of last year's aggregate. No fewer than 282,646 patients have been attended since the establishment of the institution—a fact sufficient of itself to attract the donations of the charitable from a wider area than that immediately benefited.

THE paper of *Mr. More* shall be inserted next week.

ALLEGED DETENTION OF SANE PERSONS IN FISHERTON HOUSE ASYLUM.

To the Editor of THE LANCET.

SIR,—When the paragraph purporting to describe what took place at a meeting of the guardians of the Holborn Union, respecting the alleged discovery by a deputation from that Board of sane persons in this asylum, appeared in *The Times*, we considered that its manifest absurdity sufficiently refuted the charge. Our only step, therefore, was to request the guardians to at once remove all the patients sent here from the Holborn Union. But when the Editor of a professional journal (somewhat hastily, as it appears to us) assumes the correctness of the statement, in order to point an argument upon the general question of insane pauperism, we feel bound to ask him to insert, as a vindication of the management of this asylum against a sensational paragraph in a newspaper, the following facts:—

In June last the pauper patients from the Holborn Union were all admitted into Fisherton House, and the certificate in each case was signed by the surgeon (Mr. John Norton), who came with the deputation on Saturday, January 23rd.

The two patients referred to in *The Times* as being unjustly detained are—

1st. G. B., who on admission was stated to be suicidal, deluded, and dangerous to others, and who has gradually improved, and was *reported to the deputation by Dr. Finch* as now fit for discharge. This man was carefully examined by the Commissioners in Lunacy at their late visit in December, and was included in their list of patients who had either recovered or improved. At that time we considered G. B. as amongst the improved class.

2ndly. The other patient alluded to in *The Times* paragraph, H. B. S., was stated on admission to be epileptic, suicidal, and dangerous to others. He appears to be now in the same mental condition (though much better in health) as when sent to this asylum by the authorities of the Holborn Union.

As to the further statement that the deputation (in a visit of half an hour's duration) discovered other patients (not their own) "without any mental affliction whatever," "who complained of being kept in that institution," "who appealed to the Committee to inform their relatives of their condition, as the Commissioners did not speak to them," it is sufficient to say that there are few patients in any asylum who hold a different opinion as to their own sanity.

We subjoin a copy of the report of the deputation who visited Fisherton House, made to the guardians of the Holborn Union, by which the allegations in the paragraph in *The Times* do not appear to be sustained.

We are, Sir, your obedient servants,

W. CORBIN FINCH, M.D.,
J. A. LUSH, M.D.,
Directors of Fisherton House Asylum.

February 2nd, 1869.

A Report of the Committee appointed to visit the Lunatics belonging to this Union, and confined in the Lunatic Asylum at Fisherton House, Salisbury.

The Committee, with Mr. Norton, the medical officer, visited the patients belonging to the Holborn Union confined in Fisherton House Asylum, Salisbury, on January 23rd, 1869, and find that G. B. is sufficiently recovered to be discharged; and recommend that H. B. S., although occasionally suffering from epileptic fits, and at such times requiring care and attention, be allowed to leave the asylum under the care of his wife.

The remaining patients (four women and one man) are all in as satisfactory a condition as their mental state admits.

By order,

(Signed) ROBERT SOUTHEE.
T. A. BURR.

*** The greater portion of our remarks on Pauper Lunatics was written before the appearance of what our correspondents please to call a "sensational paragraph." Nevertheless, it is pretty clear that, under the hope of putting the cost upon the Common Poor Fund, the guardians of the Holborn Union have removed from their workhouse every case for which their medical officer would certify, and we quite believe that the cases to which allusion has been made would have been just as well managed in a good workhouse as in the Fisherton Asylum. Nor can there be any doubt that one of them at least was detained an unnecessary time, as is proved by the fact that he was thought recovered or improved late in December last by the Commissioners in Lunacy. That he was not discharged is probably due to the circumstance of which complaint was made—viz., the distance of Fisherton from London, and the impossibility of that co-operation between the proprietors of the asylum and the guardians and the friends of the patient which is necessary to perfect supervision and prompt removal in case of cure.—ED. L.

FRENCH HOSPITAL AND DISPENSARY.

FEW charities are better conducted or more deserving of support than the French Hospital and Dispensary. The French population of London is annually increasing, and the necessity of adding to the contributions in aid of the hospital must increase in the same ratio. The report read at the annual meeting on Saturday last by the Honorary Secretary, Mr. E. Rimmel, stated that the hospital was opened on the 1st December, 1867, at the corner of Lisle-street and Leicester-place; that it contains four wards, two for men and two for women, and that it numbers eighteen beds, but has ample room for more. Attendance is given gratuitously by the leading French medical men, while Sisters of Charity act as nurses. During the first thirteen months of its existence it relieved 4061 out-patients and 165 in-patients, representatives of no fewer than twelve different nationalities. £3500 has hitherto been the total amount of the receipts, the greater part of which has been absorbed by the fitting up of the establishment, current expenses, and the purchase of a small reserve fund. The French Government, the Prince of Orleans, and the King of the Belgians are its chief benefactors, and upwards of £1000 was subscribed at the last banquet, which, it is announced, will be celebrated every 15th December.

B. F. should wear off the inconvenience of which he complains by contact with his fellows.

R. R. T.—We cannot undertake to advise our correspondent further than to recommend him to consult some respectable practitioner.

QUARTERLY RETURNS OF LUNATICS BY MEDICAL OFFICERS OF UNIONS.

To the Editor of THE LANCET.

SIR,—As some considerable misunderstanding exists in the minds of medical officers of Unions and Boards of Guardians as to the class of lunatics intended by the Lunacy Act to be reported quarterly, and for which each medical officer is paid by the Board the sum of 2*s.* 6*d.* per head per quarter, I have forwarded for publication a copy of the correspondence between myself and the Secretary of the Commissioners in Lunacy on the subject.

I am, Sir, yours obediently,
T. HUDSON, M.D.,
Medical Officer, Shepton Mallet Union.

Shepton Mallet, January 23rd, 1869.

Shepton Mallet, January 4th, 1869.

SIR,—I have not as yet made the usual quarterly returns for the quarter ending 31st December, 1868.

It appears that the guardians of this union are of opinion that the Lunacy Act does not contemplate a return of the different phases of insanity made by their medical officers. I shall feel obliged if the Commissioners of Lunacy will do me the honour to inform me what description of lunatics are to be visited by the medical officers and returned quarterly, in order that we may have a guide for our future reports.

In referring to the quarterly sheets of the medical officers of this union, you will see that persons who are imbecile from age as well as disease are returned.

Some of those reported are suffering from "epileptic fits;" some from imbecility, caused by one or more attacks of paralysis from apoplexy; some are congenital; some are imbecile from old age. The majority, except those either confined to bed or the house from age, or physical causes, are capable of earning their own maintenance, with some assistance from the poor-rates.

I have always returned those only whom I considered *not* responsible for their own acts in a legal point of view.

I shall feel obliged if you will send me an early reply, as my quarterly returns must remain in abeyance until I hear from you.

I have the honour to be yours obediently,
T. HUDSON, M.D., Medical Officer.

P.S.—The relieving officer informs me that three-fourths in number on my list are obliged to be placed on the usual full pay of the infirm—viz., 2*s.* 6*d.* and a loaf; the other fourth on partial relief. T. H.

Office of Commissioners in Lunacy, 19, Whitehall-place,
January 12th, 1869.

SIR,—The Commissioners in Lunacy, at a meeting of their Board yesterday, had under consideration your letter of the 4th instant, wherein you request for your future guidance and that of your colleagues, medical officers of Poor-law districts, to be informed what description of lunatics are to be visited and returned as such in their quarterly lists.

Without attempting to define insanity in its medical or legal sense, the Commissioners instruct me to convey to you their opinion, that for the purposes and within the meaning and intention of the Lunacy Act there must be positive unsoundness of mind, rendering the person unfit to be at large, and incapable, by reason of weakness of intellect, of taking care of himself.

The Commissioners, in their thirteenth Report to the Lord Chancellor, stated as their opinion "that all persons receiving parochial relief on account of mental infirmity or imbecility should be brought under the notice of the medical officer, visited by him, and included in his list."

To that opinion they adhere. It does not, however, follow that the list should include all paupers of weak mind or impaired memory, the result merely, and frequent concomitant, of advanced age and decay of nature.

Such persons commonly known as fatuous may require special care and supervision; but need not, on that account only, be classed as lunatics for the purposes of the Act. At the same time it may be that their mental condition, habits, and conduct render it proper that they should be so classed and treated. In practice every case must be judged of and determined upon its own merits, and guardians are entitled to inquire and satisfy themselves as to the propriety of including any particular pauper in the quarterly returns of district medical officers.

The Commissioners think it desirable, at least, that in the quarterly lists, under the head of Form of Mental Disorder, one of the statutory terms should be employed—viz., "lunatic," "idiot," or "person of unsound mind."

I am, Sir, your obedient servant,
CHARLES PALMER PHILLIPS, Secretary.

To T. Hudson, Esq., Medical Officer of the 1st District
of the Shepton Mallet Union.

HOUSE-SURGEONS AND PRIVATE PRACTICE.

A SOMEWHAT excited discussion took place at a special general meeting of Governors of the Gainsborough Dispensary, held in the early part of the month, to decide whether the house-surgeon of their institution should be allowed to engage in private practice. The original rule as regards this question forbad the practice, and indeed the settling of the house-surgeon within six miles of the place for two years after resigning his post; but when Mr. Spouncer was appointed to that office, the Governors are stated to have waived the restriction in his favour, and for nine years, as we understand, Mr. Spouncer has practised privately. It has now been sought to deprive him of this privilege; but the Governors have declined to do so, no doubt on account of his past services. At the same time the present arrangement is by no means fair to the medical men of the town, who are disqualified on account of residence from accepting the appointment. The present salary of the house-surgeon of the Gainsborough Dispensary is £110, with house, coals, and gas. The case shows how objectionable it is to allow house-surgeons of public institutions to be drawn away into private practice. In any save the most petty dispensaries, the house-surgeon will find his time sufficiently occupied in attending to the wants of his patients, and the general medical conduct of the institution. If house-surgeons be restricted from private practice, they should, of course, be properly remunerated. We recommend the authorities of the Gainsborough Dispensary, when they next elect a house-surgeon, to adhere strictly to the terms of their original rule as regards the duties he has to perform.

THE VACCINATION ACT.

THE provisions of the new Vaccination Act are being actively enforced in Scarborough. A physician, a clergyman, a shopkeeper, and one other gentleman have been summoned before the magistrate for omitting to have their children vaccinated within the specified time without sufficient legal excuse. All the defendants assured the Bench that they had no wish to evade the law, and we are quite sure that this was the case; but this did not avail with the magistrates.

Mr. G. Gustavus Santos.—The work of Dr. Hillier on Diseases of Children, and those of Dr. West, Dr. Meadows, and Mr. T. Holmes.

CONCEPTION.

To the Editor of THE LANCET.

SIR,—It appears to me that the following solution may be given of the case of Mrs. A——, published in your last impression:—

Conception may have taken place on the 1st of May; and as the lady was confined on the 23rd of January, a period of at least 267 days had elapsed. This would be quite in accordance with cases recorded by authors on Midwifery, who mention instances of gestation lasting 280, 294, and 295 days. But again, in the absence of further information, had pregnancy taken place directly prior to the 17th of April, then the natural termination of gestation would have been as near as possible January 23rd, the time the lady actually was confined. The fact of flooding after conception, although exceptional, is not without precedent. Most practitioners in midwifery have, no doubt, observed instances where patients menstruated, sometimes profusely, after conception, without interfering with pregnancy.

A case occurred to myself, in which from circumstances the duration of gestation could not have been more than 272 days. The husband, a sailor in H.M. service, who had been absent on a station abroad for three years, returned on the 15th of June, and his wife was confined of a full-grown, healthy child on the 13th of March following, eight days sooner than might have been expected. Yours truly,

Millbrook, Devonport, Jan. 30th, 1869. ALEX. B. CHEVES, M.B.

HONOURS TO PROFESSIONAL MEN.

THE author of "Friends in Council," in some short essays and aphorisms he has contributed to the current number of *Good Words*, makes some very sensible remarks on the wasteful employment by the Government of its power of conferring honours. After pointing out that it is an entire delusion to suppose that men do not care for them, and that it is not the number conferred, but the trivial, inadequate, and unworthy reasons for which they are conferred, which cause honours to lose their value and dignity, Mr. Helps goes on to say:—

> "Why should we chiefly honour and dignify the members of one or two professions or callings, to the exclusion of the rest? Why should many lawyers and soldiers be promoted to honours, while doctors and surgeons, men of science, men of letters, great merchants, great employers of labour, distinguished civil servants, are for the most part left out in the cold? In France they could have their Baron Dupuytren; while in England there is not an instance of a great medical man being raised to the Peerage, though it is said Sir Astley Cooper much desired that honour."

There is something more honourable than the pursuit of wealth or the attainment of a seat in the House; but we act very much as if the possessors of these were to be the only worthy recipients of our orders of merit, few or none being reserved for men of science, literature, and art.

THE CASE OF BARNES *versus* BARNES AND BEAUMONT.

WE are requested to state that the co-respondent in this case has obtained a rule absolute from the full court for a new trial.

Mr. Matthew C. Hutton.—The subject is discussed in Reynolds's System of Medicine with much ability.

T.—It is exceedingly difficult to give an answer to our correspondent's question. The client ought to take the initiative. However, twenty-five guineas for each journey would be a moderate charge.

Mr. Leigh is thanked.

A Subscriber shall receive an answer next week.

THE "MEDICAL STUDENTS" OF POLICE COURTS.

WE should be glad to see the magistrates deal out justice with an exceptionally heavy hand to those young gentlemen who figure in the police reports as "medical students." At present they think it the thing to personate a set of gentlemen whose behaviour is, without exception, as creditable, and we believe, as a class, more so, than that of any other profession. These self-dubbed medicos unfortunately mislead the public to some extent, and induce the belief that they are genuine specimens of the class they personate. Such scandalous behaviour merits severe treatment, and we venture to suggest that the magistrates might with good result institute a little more than usual inquiry into the real character of "medical students." A few smart sentences upon those gentry, who inflict a grievous injustice upon the young members of our profession by their impersonation of them, would very quickly remedy the evil of which we complain, and render the assumption of the position and the title of a medical student a less agreeable one in a police court than is the case at present.

Observer.—Our correspondent will see that our remarks had reference only to a supposed decision. The real facts of the case are correctly stated in another part of the journal.

THE REDUCTIONS IN THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Misstatements made either *ad captandum vulgus* or for the purpose of operating as a "feint" are best met by facts or comparison. In addition to the numerous duties appertaining to the medical department, and ably enumerated in your leader of the 16th instant, it must not be forgotten that upon the correct performance of them depends to a great extent the *discipline* of our army. If medical officers were not specially trained to detect *feigned* disease, the punishments awarded by commanding officers would be rendered entirely nugatory, for a soldier might put it on in the wards of his hospital.

It is a deliberate misstatement to assert that the hospital duties of army medical officers are confined to attendance upon five or six sick. The mean average daily sick for a battalion of 1000, to which two medical officers are attached, averaged, from 1860–65, 51·26 in the United Kingdom. Musketry instruction takes up a large amount of a medical officer's time. What a howl would be given by these *soi-disant* military reformers if a soldier was killed or wounded, and no surgeon to attend to him.

As a comparison between military and civil practitioners, take the case of recruiting. During 1866, of 8315 recruits passed by army medical officers, only 208 were subsequently rejected, at the expense of the army surgeon; of 5884 passed by civil practitioners, 742 were rejected—a ratio of 25 and 140 per 1000 respectively. The civil practitioner is paid for all, rejected or not; the army surgeon is the *only* officer in the army who gets nothing for a recruit. These 742 rejected after the civil examination represented a loss of £2768 to the country, the average expense of each recruit being about £4. Three years since acting civil assistant-surgeons were appointed to our army at home; they turned out a failure, in addition to a loss of over £5000.

Our military medical establishment is said to be too large. Let us compare it with that of the Prussian army, the best *par excellence*, and one in which there is *no foreign service*. Its medical staff numbers 674, exclusive of a host of volunteers, or young medical men who have not completed their education, and who must perform their one year's service to the State in military hospitals. Each regiment has attached to it one upper staff surgeon, one staff surgeon, one assistant-surgeon, one acting assistant-surgeon (unterarzt). To each brigade of artillery, eight assistant-surgeons are attached. To each company is allowed one hospital assistant (lazarethgehülfen), who is capable of performing all minor operations, to every twenty-five sick, a sick attendant (kranken-wärter); besides ward masters, &c. An army corps, 30,000 men, in addition to the regimental medical officers already enumerated, on taking the field, is allowed in addition—medical staff, 81; attendants, 303; military train, 207; horses, 45; ambulance carriages, 18. So that, with all our improvements, we are behind our continental neighbours.

The British medical service averages 1000 medical officers, to an army in round numbers of 200,000 men, two-thirds serving abroad in climates noted for their unhealthiness; consequently a medical officer's service is almost entirely one of expatriation. There is no difficulty in reducing the medical department. Stop recruiting, and the entire medical staff will disappear in fifteen years! In 1865 the loss from all causes amounted to 65, exactly *double* that of the men they attended upon in the same period. We had in 1866, 85 corps stationed in the United Kingdom, subdivided into 238 detachments. We had 26 principal stations abroad, exclusive of detachments. In India we had 60,000 men scattered in 97 principal stations, and numerous detachments. Every battalion of 1000 men consists of 10 companies, entitled to 8 per cent. of married soldiers by regulation. It is not too much to say each family averages 3 children, giving a total of 320 women and children to be looked after, exclusive of officers' wives. It is an extraordinary thing that while 30 officers are deemed barely sufficient to command this number, *two* surgeons are thought quite equal to the duty, from which even on Sunday they are not exempt.

In the French, Dutch, Spanish, and Portuguese medical services, a residence in the colonies shortens the period required for permission to retire. In the last, 12 years abroad is sufficient. In the English nothing of the kind exists. If the British public think that they can obtain for the large emolument of £180 per annum, out of which must be deducted expenses too numerous to mention, recruits for perpetual expatriation, they are sadly mistaken. Why if the idea get abroad, you would not have a single surgeon presenting himself to undergo the numerous tests required from those who wish to become military doctors. Those who, from disappointed ambition, have attacked the medical department have gone quite beyond their depth, for in its administration and treatment of the sick soldier they can scarcely find a flaw. Besides, the medical officers have behind them a powerful and united profession, too noble to allow of injustice being perpetrated upon any of its members; but we will excuse them, for we all know that those who "tolluntur in altum ut lapsu graviore ruant" must feel very sore.

I am, Sir, your obedient servant,

January 20th, 1869. VIGILO.

UNQUALIFIED PRACTICE.

THE accounts of instances in which cases of illness terminate fatally when under the treatment of unqualified persons reach us daily. A sad case of this kind formed the subject of a Coroner's inquest at Stockbridge on the 28th ult. It was that of a boy, aged seven years, who died, after a couple of days' illness, in a somewhat unusual manner. The boy was in his usual health on the Thursday prior to his death, but ailed on the Friday, when a powder was prescribed for him by a chemist, which had the effect of purging away five large worms, and making the patient very sick and inducing diarrhœa on the Saturday. Next day (Sunday) the boy seemed better, and took, by advice of the chemist, some arrowroot and port wine and another powder. At noon, however, he expired. The post-mortem revealed serious organic disease of both heart and lungs. The jury returned a verdict of "Died from natural causes." Now this is most unsatisfactory. Here was a young lad, with serious organic disease, treated by a chemist with remedies that induced serious diarrhœa, and were given a second time, though there was evident prostration. Nothing could be more unfortunate. The chemist acted, no doubt, to the best of his ability; but the death could not but have been accelerated by the diarrhœa, and it was just the very case, of all others, in which skilled advice was needed. It is monstrous that unqualified men should be allowed to meddle as they do with the medical care of sick people, and so passively to prevent the access to them of proper advisers.

SANITARY CONDITION OF CHESTERFIELD.

THE *Builder* states that much alarm exists among the inhabitants of Chesterfield by the great prevalence of scarlet fever in the neighbourhood, and the Registrar-General's quarterly return speaks of thirty deaths from that disease in one of the adjacent parishes. The attention of the authorities would seem to have been aroused, as they have borrowed money to complete the drainage and for other sanitary necessities.

Dr. Aldis.—Thanks.

An Inquirer.—The practice is in every sense unprofessional, and an offence against the bye-laws of many licensing bodies.

T. L. G.—Unless the plan were one worth trial, its description would not have found a place in our columns. We are not aware whether it has been fairly tried; but the originator is a careful observer.

The letter of *Mr. Gant* shall appear next week.

THE AMERICAN MEDICAL COLLEGES.

To the Editor of THE LANCET.

SIR,—As some remarks regarding American medical qualifications have appeared in your journal, I beg most respectfully to sanction the words of the President (Dr. Gross) of the American Medical Association; and, furthermore, state that very few of the United States Medical Colleges give six months' courses; and more, that many receive their medical degree after two four-months' courses, without a guarantee of literary studies. Again M.D.s of the United States are held at so low a par that the holder of such a document is not allowed to practise in Canada (the adjoining province) without further studies and another examination of competency. In fact, in Lower Canada no American papers are accepted by the Examining College of Physicians and Surgeons. From seventeen years' residence in the United States and Canada, as well as an intimate knowledge of the United States army and civilian practitioners, I feel sure, with few exceptions, the studies in the colonies and United Kingdom are farther advanced and more extensive than those of the United States; and I am also borne out in my views by Prof. Draper, a well-known writer, of New York, and author of several works. He stated, in his reply to me (June 29th, 1867), on the suggestion of extending their courses to six months: "Your suggestions respecting Medical Colleges are very excellent; but there are difficulties in the way, chiefly depending on the impracticability of getting a majority of our institutions to act in unison."

Yours obediently,

January, 1869. BETA.

Mr. Blackburn, of Barnsley, requests us to bear witness to the fact that he was not the author of an article headed "Bairnals' Foaks," in THE LANCET for January 16th; and also that he was not the source from which our information was derived. We have much pleasure in complying with his request.

THE "MODIFIED" PHARMACEUTICAL EXAMINATION.

A VERY capital guide for those preparing for the modified examination at the Pharmaceutical Society, and qualifying for registration under the new Pharmacy Act, has been prepared by Mr. Lescher, one of the Pereira Medalists of the Society, and dedicated to the President. In this little work, the contents of which are arranged in a tabular form, there are four sections. The first relates to the formulæ and details of prescriptions; the second, to the practice of dispensing; the third, to materia medica; and the fourth, to pharmacy. Under these several heads is given in concise terms the knowledge required to make a man an adept in interpreting prescriptions, and familiar with the doses of medicines and the leading features and properties of drugs; the way to dispense neatly and readily is also shown. The work is equally valuable to the medical as to the pharmaceutical student, and is we imagine well calculated to assist in the preparation for the materia medica examinations at the various licensing bodies.

A Constant Reader.—Yes; certainly.

IT seems now to be pretty clearly proved to the Lambeth vestry that the sanitary condition of some parts of the parish is quite as bad as has been represented by the "District Visitor," whose letters on the subject to the *Daily News* and to the *South London Press* have created so much interest. A resolution to adopt more vigorous measures of inspection and remedy was carried at the vestry meeting last week.

THE VESTRIES AND THE SICK ASYLUMS.

THE vestry of St. Mary, Newington, has by a large majority objected to the establishment of a district Sick Asylum for the neighbouring parishes, to be supported by a common fund, and has determined to memorialise the Poor-law Board to suspend all further proceedings in regard to such asylums until the subject has been more fully discussed and understood by the metropolitan ratepayers. Dr. Cortis, as a member of the vestry, endeavoured to remove the mistaken impressions of his colleagues by pointing out that the proposed measure would be a great step towards the equalisation of the poor-rates, and would be beneficial in other ways; but although he appears to have made a convert of one gentleman, he was beaten on a division by 33 to 6. And all this while the Newington Workhouse is said to be so overcrowded that beds have to be ranged on the floors along the aisles of the sleeping-rooms!

L. X.—Twenty pounds—that is, about half a guinea a visit—would be a proper charge.

A Promoter of the Brighton Hospital for Sick Children.—Our correspondent, we trust, will learn to be less confident in his supposed knowledge of our doings and opinions when we assure him that he is wrong in his unwarrantable speculations on our last week's article on Brighton Charities. Our opinion as to the necessity for a Children's Hospital is founded upon information gained by independent inquiry on our part since we previously wrote on the subject. Our correspondent will not expect us to publish his letter. We adhere to our opinion of last week.

LOCAL SANITARIANS.

ONE of those discreditable "squabbles" which go so far towards damaging local authorities in the public estimation occurred at the meeting of the Poplar Board of Works last week, when a member thought proper to charge Dr. Woodforde, the health officer, with stating that which was "wholly untrue" in reference to a certain alleged nuisance. A local paper speaks of the scene as "resembling a modern Babel." It appears to have ended with a threatened motion of want of confidence in Dr. Woodforde; but we apprehend that that gentleman has no great reason to be disquieted about the result of the motion.

THE PHARMACY ACT.

To the Editor of THE LANCET.

SIR,—The communication of "An Hospital Dispenser" in a recent number of your journal induces me to state my case, which is somewhat similar.

I served a four years' apprenticeship to a pharmaceutical chemist, then lived as an assistant to a chemist, and for the last four years have been dispensing for a surgeon. When I applied to be allowed to pass the modified examination, I was refused on the ground that my having been dispensing for a surgeon, instead of a chemist, was sufficient to exclude me. I consider this a great injustice, as in passing the stricter examination—viz., the minor examination of the Pharmaceutical Society—larger fees are required, and, of course, more preparation. I think we are placed in a very unfair position by this Pharmacy Act. When I was apprenticed, and the premium duly paid, I thought that, as far as learning the business was concerned, all expenses had been paid; but now I am sorry to find, before I can enter business to really reap any return, I am to be put to more expenses, as well as loss of time.

I am, Sir, your obedient servant,

Margate, January 29th, 1869. A. J. H.

MARRIAGE AND LEPROSY.

A LEPROUS husband prayed before the Bombay High Court for the restitution of conjugal rights, which, it seems his wife had withheld on the ground that he might infect her. Legal formalities apart, the wife's objection to a great extent was medically invalid, so far as she herself was concerned. As regards her offspring, however, the case is different. A leper seldom infects a partner in the exercise of conjugal rights; this is an ascertained fact. Their progeny are very liable to suffer, though this is not necessarily the case. The decision in favour of the plaintiff is of peculiar interest in Bengal, where every hundredth man or woman is a leper, and where the disease is steadily on the increase.

ANATOMICAL MUSEUMS.

WE are heartily glad to perceive that these institutions continue to engage a little attention from our daily and weekly contemporaries. The police have, of late, been peculiarly active among the night-houses of the Haymarket, and they have recently laid their repressive official hands on the Judge and Jury, with the effect of restraining some of its indecencies. The Lord Chamberlain has, moreover, delicately hinted to the lessees of our theatres that if a little more attention were bestowed on the quantity as well as the quality of the female garments worn by their actresses, it would be a very desirable act on their parts, and prevent any on his. We have lately had an official paroxysm of spasmodic virtue; but the proprietors of anatomical museums continue their exhibitions as unconcernedly as ever.

POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—If "J. T., M.D." will use Lingen's (of Hereford) Uterine Compress, and have it with him at all his midwifery cases, he will, I think, find it to be far more effectual in arresting post-partum hæmorrhage, and far less troublesome in its application, than any other means he can adopt. In the severest cases it is to be depended on, as it not only compresses the uterus, but also the abdominal aorta. Weiss and Son, of London, manufacture the instrument.

Yours obediently,

February, 1869. A.

IMPROVED INDUSTRIAL DWELLINGS COMPANY.

THE report and statement of accounts to be presented to the eleventh half-yearly meeting of shareholders, which will be held at the Mansion House on Wednesday next, shows that a sum of £3153 is available for division as profits. It is proposed to retain £891 in hand, and to distribute the balance of £2262 as a dividend at the rate of five per cent. per annum. Only £3425 of capital remain to be subscribed to complete the first £100,000, which will enable the Company to borrow £100,000 from the Government at four per cent., making an available capital of £200,000.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Syme, Edinburgh; Sir D. Corrigan, Dublin; Dr. Pavy; Mr. Soelberg Wells; Dr. J. W. Ogle; Dr. Aldis; Mr. Painter; Mr. Frewen; Dr. Herbert Davies; Rev. E. J. Smith; Mr. W. C. Day; Dr. Fisher; Mr. Forman; Mr. Barnes, Liverpool; Dr. Woodward; Mr. Long, Eltham; Mr. Foster, Ovingdean; Dr. Smith, Seaforth; Mr. Blackett; Mr. Walker; Dr. Clarke; Mr. Poole; Mr. Copeman; Dr. Lettis, Great Yarmouth; Mr. Garlam; Mr. Oldham; Dr. Steggall; Dr. Burns, Ayr; Dr. Tannahill; Mr. Leader; Mr. Nicholls; Mr. T. Nedley, Dublin; Mr. Horgan, Corwen; Mr. Vincent; Mr. Neild, Launceston; Mr. J. T. Leigh; Dr. Somerville, Gosforth; Dr. M'Nab, Edinburgh; Mr. Skipp; Mr. Dalton; Dr. M'Kinnell, Ventnor; Dr. Roberts, Sheffield; Dr. Wadd; Mr. Metcalfe Johnson; Mr. Currie; Dr. Dowse; Mr. Thorp; Dr. Ellis; Dr. Jubb, Halifax; Mr. Watkin; Mr. Terry, Bradford; Dr. Mitchell, Sheffield; Mr. Stevenson, Sunderland; Mr. Dalley; Mr. Johnson, Shiffnal; Dr. Mackinder, Gainsborough; Dr. Hodge, Edinburgh; Mr. Churchill; Mr. Wakeling; Dr. Thomas, Llanelly; Dr. Taaffe, Brighton; Mr. Howard, Rendlesham; Dr. Elliston, Norwich; Mr. Norton; Mr. Blackburn, Barnsley; Mr. Hughes, Walsall; Mr. R. S. Smith, Melbourne; Mr. W. Hyslop, Church Stretton; Mr. W. Troup, St. Andrews; Mr. C. Walters; Dr. More; Messrs. Lowenthal and Co.; Dr. T. Browne; Dr. Cheves, Millbrook; Dr. Black, Glasgow; Mr. T. Parsons, Colchester; Mr. Spettigue; Mr. Waral; Dr. Dufay, Blois; Mr. Gillard; Mr. Hansard; Dr. Coats, Tredegar; Mr. Jones; Mr. G. G. Santos; Mr. Bebe, Dublin; Mr. Caldecott, Dorking; Messrs. Bembridge and Co.; Dr. Wilkinson, Sydenham; Dr. Hilton; Mr. Edwards, Jarrow; Dr. Strange, Worcester; Mr. Felce; Messrs. Nicholson and Son; Mr. Waters, Tickhill; Mr. Lamb; Dr. Hodges, Edinburgh; Dr. Davies, Clydach; Dr. Nicholls, Chelmsford; Alpha; T. L. G.; Royal Institution; A Constant Reader; Observer; S. X.; The Secretary of the Anthropological Society; Beta; A Promoter of the Brighton Hospital for Sick Children; S. G.; T. G., Stockport; Juan; T.; C. R. B.; An Inquirer, Bognor; The Secretary of the French Hospital; R., Dunstable; Antipater; J. H.; Cosmos; J. R.; K. T.; A Physician; The Secretary of the Clinical Society; Royal College of Physicians; B.; D. M.; A. B. Y.; Semi-Subscriber; M.R.C.S. Eng.; A Visitor; Medicus; A Member of the Medical Society of London; L. M.; &c. &c.

Carlisle Journal, Brighton Gazette, Devon Weekly Times, Colonial Standard, Tower Hamlets Express, Australian Medical Journal, Giornale Italiano, Camberwell and Peckham Times, Scotsman, Lincolnshire Chronicle, Quiz, Richmond and Louisville Medical Journal, Essex Weekly News, Register, Retford News, Geelong News of the Week, Broad Arrow, Bucks Herald, Newcastle Daily Journal, Berkshire Chronicle, Revista Medico-Quirurgica, Edinburgh Courant, Scarborough Gazette, Homœopathic World, Liverpool Albion, Barnsley Chronicle, and *Geelong Advertiser* have been received.

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